Caring Congregation Workshops

Resources for Welcoming and Supporting Those with Mental Disorders and their Families Into Our Congregations

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Dorothea Lynde Dix, c. 1840

Note: The information in this document is up to date as of the date of its writing: 2006

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Credits

Bellamy, Lauralyn, Reading #692 *If You Have Found Comfort* © Lauralyn Bellamy, from *Singing the Living Tradition*, Beacon Press, 1993. Adaptation with permission.

Gregg-Schroeder, Susan, *In the Shadow of God's Wings – Grace in the Midst of Depression* for poem "Come along with me," p 14 © 1997 Susan Gregg-Schroeder. Used and adapted by permission.

UUA, *The Welcoming Congregation Handbook – Resources for Affirming Bisexual, Gay, Lesbian and/or Transgender People*, for Participation Guidelines and Leadership Preparation, © 1990, 1999 UUA. Used by permission.

Fleischman, Paul R., *The Healing Spirit – Explorations in Religion and Psychotherapy,* for closing reading**.** Bonne Chance Press © 1989 Paul R. Fleischman. Used by permission.

Rahman, Peggy, for the story *Daun Gets Stuck* and the song *"My Rainbow,* © 2004 Peggy Rahman. Used by permission.

Front cover drawing:
Charming, determined and self-effacing, the Unitarian Dorothea Lynde Dix was the foremost crusader for people with mental illness in the United States in the mid-1800s. In an era when women didn't have the right to vote, she managed by sheer force of will, hard work, and astuteness to convince legislatures in many states to appropriate public funds to build over 30 hospitals for the care of the mentally ill. She was deeply religious, having been raised by her grandmother to be a Unitarian, later worshiping in the church of the Rev. William Ellery Channing beginning in 1823. The sense of religious purpose in her life is what drove her to her acts of public service. We follow in her footsteps.

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The Caring Congregation Program

"You can judge a civilization by the way it treats its mentally ill." British Royal College of Psychiatrists

The Caring Congregation Program is a proposed congregational program focused on welcoming and supporting people with mental disorders and their families into our congregations. [1]

Program Description and Overview

This is a curriculum that helps congregations become more intentionally inclusive and supportive towards people with mental disorders and their families. The goal is to reduce prejudice by increasing understanding and acceptance among people who have mental disorders, giving ideas for specific supportive actions that can be undertaken. It intentionally honors the spiritual component in caring for mental disorders, thus building a community that will become a source of caring for those with mental disorders. Unitarians and Universalists have been prominent in the history of treating mental disorders, so this work follows in a long-standing Unitarian and Universalist tradition.

Terminology: "Mental Disorders," "Mental Health Clients," "Religion / Spirituality"

We have chosen to use the term "mental disorders" rather than "mental illness," "madness," "psychological problems" or some other term, in order to be consistent with the widely recognized and used definitions of the American Psychiatric Association in their Diagnostic and Statistical Manual.

The terms "mental health client" and "consumer" are often used interchangeably when referring to people who use mental health services. In this document, we have preferred to use the term "mental health client," except when referring to the "consumer movement," which is known nearly exclusively by that name. Also, "consumer" is used in several of the works that we quote from here. If people taking the class feel strongly about these terms, you might want to use the opportunity to find out why, and then use terminology that the class can be comfortable with.

The terms "religion" and "spirituality" both have many meanings, and there is sometimes a distinction made between them. For the purposes of this curriculum, we define "religion" as: *An ongoing process of restoring personal wholeness. In a more universal sense it is the process of restoring one's relationship with the world, with the universe, with Ultimate Reality, the Sacred, or God, however conceived*[2]. "Spirituality" we define as: *a form of religion, but a private and personal form of religion, that which a person feels internally that relates them to the sacred*. There is a distinction is between spirituality and *organized* religion. Organized religion describes the social, the public, and the organized means by which people relate to the sacred and the divine, while spirituality describes such relations when they occur in private and personally. In this curriculum, we use *religion* in its broadest term, which is refers to both personal and organized religion. We use the term *spirituality* to refer to the personal form of religion.

Goals for Participants

- To provide a safe place for people with mental disorders and their families to spiritually grow
- To learn more about themselves and their attitudes regarding mental disorders

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[1] We gratefully acknowledge the Unitarian Universalist Association's *Welcoming Congregation Program, Second Edition* that focuses on making congregations more intentionally inclusive towards bisexual, gay, lesbian, and/or transgender persons after which this program is patterned.

[2] This definition of "religion" is from Rev. Steven Edington from the UU Church of Nashua in a sermon entitled "You Call this a Religion?" on May 3, 1998.

- To learn more about their congregation in terms of inclusion and support
- To actively make their congregation more welcoming and supportive to people with mental disorders and their families.

Age Range: Youth/Adult, with a special unit designed for children's Religious Education

Size of Group: The program is intended to involve as many people in the congregation as possible, including those in leadership roles.

Number of Sessions: Two workshops about 1.5 hours each for adults and youth; four lessons of 1 hour each for educating children.

FOR ADULTS AND YOUTH
A stream lined version of this training for those people doing pastoral care for people with mental disorders and their families
- *Mental Disorders and their Consequences*: What is a mental disorder? Who are those with mental disorders? Stigma of having a mental disorder
- *Mental Disorders: Recovery, Religion and Congregational Planning* The Recovery Model. Religion and spirituality and mental disorders.

FOR CHLDREN
- *Introducing Mental Disorders to Children*: This lesson introduces mental disorders in a compassionate way. It shows that everyone has unique ideas, and aims to de-stigmatize mental illness to children
- *Recognizing Feelings:* Allows children to recognize and express their feelings.
- *Being Compassionate to Someone with a Mental Disorder:* Helps children understand what makes them feel cared for, and what they can do to care for others.
- *Learning and Practicing Empathy and Communication Skills:* Children will engage in role playing to practice telling their feelings and learning how to listen to be compassionate listeners to others.

What does it mean to be a Caring Congregation?

Congregations who publicly and successfully welcome people with mental disorders and their families into the congregation
- Include and address the needs of people with mental disorders to the best of their capability at every level of congregational life—in worship, in programs, in social occasions, for children, youth and adults—welcoming not only their presence, but the gifts of their lives as well.
- Assumes the presence of people with mental disorders, learns to support them, and, with their permission, includes their stories in worship, religious education and other programs.
- Encourages development of spiritual resources – exploration of a personal sense of truth and meaning in a place of safety and acceptance – to aid in caring for those with mental disorders and their families
- Provides pastoral care for people with mental disorders and their families, as is done for people with other kinds of situations of need
- Includes a nondiscrimination clause in by-laws and other official documents affecting congregational life.
- Engages in outreach to those with mental disorders in its advertising and by actively supporting groups that address mental health, both secular and sacred.
- Is aware of resources to address mental health issues in their community and provides referrals for people with mental disorders and their families
- Keeps track of legislative developments and works to promote justice, freedom, and equality in the larger society.
- Encourages and provides support groups for people with mental disorders and their families.
- Speaks out when the rights of people with mental disorders and their families are at stake.

Adding Artistic, Literary and Musical Dimensions to the Workshops

Many outstanding composers, writers and artists have had mental disorders. One way to add other dimensions to your program is to have a composer, writer, and an artist of the day at each workshop. Display a poster of a piece of art, selected words by the writer, and play music of the composer as people are entering and leaving the workshop. Remind people of who these people are and what wonderful contributions these outstanding people have made to our world.

Here are some artists, writers, and composers to choose from:[3]

- *Poets*: William Blake, Robert Burns, Emily Dickinson, Gerard Manley Hopkins, Victor Hugo, Samuel Johnson, John Keats, Robert Lowell, Edna St. Vincent Millay, Boris Pasternak, Sylvia Plath, Edgar Allan Poe, Ezra Pound, Anne Sexton, Percy Bysshe Shelley, Sara Teasdale, Alfred, Lord Tennyson, Walt Whitman.
- *Writers:* Hans Christian Anderson, Honoré de Balzac, Samuel Clemens, Joseph Conrad, Charles Dickens, Isak Dinesen, Ralph Waldo Emerson, William Faulkner, F. Scott Fitzgerald, Graham Greene, Ernest Hemingway, William James, Charles Lamb, Herman Melville, Eugene O'Neill, Mary Shelley, Robert Louis Stevenson, Leo Tolstoy, Tennessee Williams, Virginia Woolf, Emile Zola.
- *Composers:* Robert Berlioz, Edward Elgar, George Frederic Handel, Otto Klemperer, Gustav Mahler, Sergey Rachmaninoff, Robert Schumann, Alexander Scriabin, Peter Tchaikovsky, Irving Berlin, Noel Coward, Stephen Foster, Cole Porter
- *Artists:* Paul Gauguin, Hugo van der Goes, Vincent van Gogh, Michelangelo, Edvard Munch, Georgia O'Keiffe, Jackson Pollock, Dante Gabriel Rossetti, Mark Rothko

Finding Leaders for the Caring Congregation Workshops [4]

Choosing effective leadership is critical to the success of the program. Ideally two co-leaders should be chosen for teaching the curriculum at each congregation. The following are some of the questions that congregations can use when deciding who to use as leaders. It is highly recommended that the minister help select leaders keeping the following guidelines in mind.

Leaders should have life experience in one or more mental health backgrounds
Ideally, leaders should come from at following categories so that they can draw on their own direct experience of dealing with a mental disorder:
- mental health professional
- family member of someone with mental health issues
- mental health client (person with a mental disorder)

Respected within the congregation
Some of the ideas presented in the curriculum challenge people's currently held beliefs about mental illness. So, it is important that the congregation receive them from someone who they trust and can believe. Therefore, leaders should be people who are generally respected by the congregation.

Attitudes toward mental illness, families and mental health clients
Leaders should try and be honest with themselves and acknowledge any internalized feelings of societal stigma toward mental illness, or discomfort that they have discussing this topic. If they

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[3] These names come from much longer lists in Appendix B of *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* by Kay Redfield Jamison, New York: Free Press Paperbacks, 1994.
[4] These Choosing Leaders and Participation Guidelines closely follow those of *The Welcoming Congregation*.

feel that they have a negative attitude toward people or families affected by mental disorders, they are probably not good leaders for the class.

If a leader feels that a participant needs professional help for a mental disorder, they should be willing and able to make such a recommendation to the attendee. If the leader feels a participant is dangerously suicidal, they should be ready and willing to get immediate help for the person, such as calling emergency services or accompanying the person to the hospital.

Motivation to become a leader
Try and be clear about why someone wants to become a leader of these workshops. If they are someone who is angry at people who are not mentally ill, and want to use the workshop series as a way to vent that anger, they are not ready for this role. If they feel sorry for people or families who have mentally disorders and want to show their pity, they are not ready. However, if they have a sincere interest in doing some work to increase their own awareness and knowledge of mental disorders, and if they have a sincere interest in helping others do the same, proceed with enthusiasm.

Ability to share
A leader needs to be comfortable sharing their own thoughts, feelings, and experiences of mental disorders. He or she needs to create an authentic and open environment in which participants can learn and be comfortable in sharing themselves. Leaders should model sharing behavior.

Leadership style
The leader's role is that of a facilitator who creates an environment in which participants can explore their own attitudes and learn new information. The workshops are designed for an open discussion format among participants, not as primarily a lecture format. A leader needs to adjust his or her style to accommodate such a format.

Comfort with emotional expression
When speaking about their experience with mental disorders, it may happen that strong emotional expressions will occur. The leader needs to be able to be comfortable and compassionate in such circumstances.

Mental Health Workshops
For Adults and Youth

The following two workshops are designed specifically for <u>UUA Website or wherever</u>. They do not require training to offer to a congregation.

- ***Mental Disorders and their Consequences*:** What is a mental disorder? Who are those with mental disorders? How mental disorders are treated. Stigma of having a mental disorder

- ***Mental Disorders: Religion:*** The Recovery Model, Spirituality and Religion and mental disorders.

Participation Guidelines

Respect anonymity
Encourage participants to share activities, readings, and discussions with others outside the workshop, but stress the importance of keeping the content of personal sharing by participants anonymous. Any participant may request that a comment be kept confidential as well and is meant only for the other class members.

Set boundaries for personal sharing
Each participant is responsible for setting his or her own boundaries for personal sharing. Invite participants to determine what and how much of their own identities, values, and history they choose to share; whatever boundaries each participant sets are to be respected by the group.

Make it clear that no one will be asked to share their own experience with mental illness, or that of their family, unless they choose to do so. Individuals need to control this decision. Be especially careful to respect people who choose to "come out" as mental patients or families of mental patients during the workshops. This might be the first time that they have chosen to talk of this openly, and the courage to do so must be deeply respected.

Speak from personal experience
Participants should avoid using generalizations about people or speaking for others. Encourage "I think, feel, believe, experience …" statements.

Respect differences
Help participants to hear and understand different experiences and perspectives, rather than try to convince others that they are wrong.

Not a substitute for Professional help
This curriculum is for educational purposes only, and is not to be used as a substitute for professional attention for a mental disorder. If a participant feels, as a result of what they are learning that they have an untreated mental disorder, they, and not the leader or the group, have the responsibility to seek professional help for themselves.

Workshop 1:

Mental Disorder and its Consequences and Treatment

"My despair is transformed into hope and I begin anew the legacy of caring." Thandeka

Purpose: This session starts with an introduction to the Caring Congregation program. Then the participants will learn the definition of a mental disorder, the main categories of these disorders and their demographics. They will also learn about the stigma of mental illness and how it affects us all. The class will have a chance to share their own experiences and motivations to the extent that they wish to do so.

Materials
- For presentation: newsprint and/or paper for handouts.
- A VCR and TV screen is required for the Video.
- Equipment for playing music, (see "Adding Artistic and Musical Dimensions to the Workshops,") if you will be using it.

Preparation
- Prepare newsprint posters and/or handouts listing goals of the program, the workshop schedule, the definitions of Mental Health and Mental Disorder.
- Make copies for the participants of the handouts *Mental Health and Mental Disorder, Myths and Stereotypes about those with Mental Disorders, Spirituality, Religion and Mental Health* and *Planning: Building a Caring Congregation Plan.*
- Acquire the VCR and TV screen and make sure they are in working order and you know how to operate them.
- If you will be displaying art, literature and playing music (see "Adding Artistic and Musical Dimensions to the Workshops,") decide on the artists, obtain the posters, quotes and music. As the class is entering, have the music playing, and the art and quotes displayed. Tell them who the artist, writer and composer of the week are. Explain that they will be seeing art, literature and music from artists who have mental disorders.

SESSION PLAN

Opening / Chalice Lighting   **5 minutes**
Lighting a Chalice using chalice-lighting words of the leader's choice.
Reading   by Susan Gregg-Schroeder (adapted) from Gregg-Schroeder, Susan. *In the Shadow of God's Wings – Grace in the Midst of Depression*[5]
> Come along with me
> > as a sojourner in faith.
> Bring along
> > a sense of expectancy
> > a vision of high hopes
> > a glimpse of future possibility
> > a vivid imagination
> For creation is not done.
> We are called to pioneer forth
> > toward a future yet unnamed.
> As we venture forward,
> > we leave behind our desires for
> > a no-risk life

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[5] Gregg-Schroeder, Susan. *In the Shadow of God's Wings – Grace in the Midst of Depression,* Upper Room Books, Nashville, 1997, p 14.

worldly accumulations
certainty of answers.
Let us travel light
in the spirit of faith and expectation
toward our hopes and dreams.
Let us be a witness
to the future breaking in.
Come along with me
as a sojourner in faith
secure in the knowledge
that we never travel alone.

Moment of meditation or prayer

The Caring Congregation Program   **10 minutes**
Present the goals of the workshop series using the newsprint or handouts you have prepared.

The Caring Congregation Program
A voluntary program that helps congregations to become more intentionally inclusive and supportive towards people with mental disorders and their families. The goal of the workshops is to reduce prejudice by increasing understanding and acceptance among people who have mental disorders, giving ideas for specific supportive actions that can be undertaken. It intentionally honors the spiritual component in caring for mental disorder, thus building a community that will become a source of caring for those with mental disorders. Share the Participation Guidelines for the workshops with the class. Unitarians and Universalists have been prominent in the history of treating mental disorders, so this work follows in a long-standing Unitarian and Universalist tradition.

Goals for Participants
- To provide a safe place for people with mental disorders and their families to spiritually grow
- To learn more about themselves and their attitudes regarding mental disorders
- To learn more about their congregation in terms of inclusion and support
- To actively make their congregation more welcoming and supportive to people with mental disorders and their families.

What is Mental Health? Mental Disorder? How common is it?   **20 minutes**
Pass out the handout *Mental Health and Mental Disorder* handouts and present each of the definitions carefully.

Tell the class that according to the American Psychiatric Association, during any one-year period, up to 50 million Americans, more than 22 percent, suffer from a clearly diagnosable mental disorder involving a degree of incapacity that interferes with employment, attendance at school or daily life.

   o Near universality of mild emotional problems at some time in life
   o Nearly every family has experienced clinically significant mental disorders in some member of their family at some point

Video: Creating Caring Congregations   **30 minutes**
This video, produced by Mental Health Ministries of the United Methodist Church and intended for use by congregations studying mental health issues, has four segments. Here is a description of the video from Mental Health Ministries:

   Individuals share their personal experiences with various mental illnesses in the first three segments. Shawn's Story tells of an adolescent's experience with bi-polar depression, addiction and suicidal ideations. Carol's Story is about the most common illness of the brain, clinical

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depression, with accompanying anxiety issues. Jan's Story highlights how the normal life changes associated with the aging process can lead to depression in older adults. The final segment, How Congregations Can Respond, provides a five-step program of education, covenant, welcome, support and advocacy, to help churches begin to address mental health issues in the local church.

Stigma of having a Mental Illness   **20 minutes**
- Myths and Stereotypes about those with Mental Disorders

Put up a blank piece of newsprint and ask participants to engage in an exercise of relating common myths and stereotypes of mental disorder. When the group finishes their list, pass out the handout *Myths and Stereotypes of Those with Mental Disorders* and discuss the facts behind each stereotype.

Next, discuss various consequences and strategies that are being used to address the stigma of mental disorders.
- Consequences:
  Next, put up another piece of newsprint and ask participants to state what they think the consequences of these stereotypes are on people with mental disorders and their families. When they have finished, pass out the handout *Stigma of Mental Disorders – Consequences and Strategies* and discuss strategies for addressing stigma. Discuss any consequences that haven't been mentioned yet.
- Strategies for addressing stigma.
  Next, go over the strategies for addressing stigma which are on the previous handout.
    - Education. This program is an example
    - Respect, Listening, Understanding – Treat the person with the mental disorder as a respected person, listening to them without judgment and trying to understand their problems.
    - Challenge Inaccuracies. When you hear them, when you see them in the media.
    - Advocacy. Become proactive in advocating for those with mental disorders and their families.

If participants want to explore this topic further, two excellent books about research into the stigma associated with Mental Illness are:
    - *Telling is Risky Business – Mental Health Consumers Confront Stigma*, by Otto F. Wahl, Rutgers University Press, 1999.
    - *Don't Call Me Nuts! – Coping with the Stigma of Mental Illness,* by Patrick Corrigan and Robert Lundin, Chicago: Recovery Press, 2001.

Closing   **5 minutes**
Reading
   "You will know the truth, and the truth will set you free." John 8:32

Assignment / Follow-up   **5 minutes**
- Ask people to look and listen for any evidence of stigma of mental disorders that they may hear during the week ahead. They will be asked to share what they have learned next time.
- Pass out the handouts *Spirituality, Religion and Mental Health* and *Planning: Building a Caring Congregation Plan.* These will be discussed in the next lesson.

Workshop 2:

Mental Disorders: Recovery, Religion, Congregational Planning

"*At the root of the humanitarian attitude [towards insane people] was the Moslem belief, stated by the Prophet, that the insane person is loved by God and particularly chosen by Him to tell the truth.*" George Mora

Purpose Introduce the recovery model, the role of spirituality and religion in mental health care and start to make a congregational plan of how to build a mental health ministry at your congregation.

Materials
- Newsprint and paper for making the handouts and charts
- Equipment for playing music, (see "Adding Artistic and Musical Dimensions to the Workshops,") if you will be using it.

Preparation
- Copy the handouts *The Recovery Model,* and *Spirituality, Religion and Mental Health*.
- If you will be displaying art, literature and playing music (see "Adding Artistic and Musical Dimensions to the Workshops,") decide on the artists, obtain the posters, quotes and music. As the class is entering, have the music playing, and the art and quotes displayed. Tell them who the artist, writer and composer of the week are.
- A possible <u>alternate design</u> for this workshop would be to invite someone who is knowledgeable about the Recovery model or Spirituality and mental health care and have them talk to the class. Another alternative is to have someone from another congregation which has implemented a mental health plan come and talk about their experience in doing this.

SESSION PLAN
Opening   **5 minutes**
Lighting a Chalice using chalice-lighting words of the leader's choice.
Reading   Psalm 71:20-21 (RSV)
>   Thou who hast made me see many sore troubles wilt revive me again;
>   from the depths of the earth thou wilt bring me up again.
>   Thou wilt increase my honor, and comfort me again.

Moment of meditation or prayer

Workshop Components

Reflection   **10 minutes**
Ask people checking in to give a sentence or two about how they are doing and share any observations of stigma of mental disorders during the week. Also ask if they have any comments or questions about the last workshop.

The Recovery Model   **20 minutes**
Pass out and present the information on the handout *The Recovery Model*. Explain that this model, which originated in the consumer movement, has only recently been accepted by mental health clients, families and providers of mental health services. 'Recovery' means that a person has as much of an autonomous life as possible. It doesn't necessarily mean the elimination of all symptoms, or the need for mental health care. It just means as much self-determination as possible.

Present the chart *Dimensions to Recovery* Emphasize that there are many dimensions to recovery, only some of which are medical in nature.

Discussion Questions about the Recovery Model
- What do you think about the definition of 'Recovery' in this model?
- What are the advantages and limitations of the Recovery Model in your opinion?
- Discuss the four stages to Recovery. Can you see instances where this model might be helpful with a member of your congregation?
- What dimensions to recovery do you think are most often overlooked?
- Do you feel that mental health clients can make all decisions with regard to their care? What limits, if any do you see to this?
- What are the advantages and limitations of the Recovery Model in your opinion?

Spirituality, Religion and Mental Health   **20 minutes**
Present the handout *Spirituality, Religion and Mental Health*.
Using your newsprint chart, review the material in this handout. Engage the class in a discussion. The following are possible ways to discuss this:
- What do you think of the characteristics of religion which are helpful and harmful to mental health?
- How do you rate Unitarian Universalism and your congregation on these characteristics? This should engage the class members in a lively discussion about which ideas belong as part of Unitarian Universalism, and how they would rewrite the list for UUs. If they need some prompting, you can propose that the following are characteristic of UUs, and start the debate.
    o offers a sense of hope, meaning, and purpose, and thus emotional well-being
    o affords solutions to many kinds of emotional and situational conflicts
    o establishes moral guidelines to serve self and others
    o promotes social cohesion
    o offers a social identity and a place to belong

    The following are not generally characteristic of UUs:
    o provides reassuring fatalism enabling one to deal better with pain
    o offers afterlife beliefs, helping one to deal with one's own mortality
    o gives a sense of power through association with an omnipotent force
    o generate unhealthy levels of guilt
    o promote self-denigration and low self-esteem by devaluing human nature
    o create anxiety and fear by beliefs in punishment in hell for 'evil' ways
    o impede self-direction and a sense of internal control
    o foster dependency and conformity with an over-reliance on external forces
    o inhibit expression of sexual feelings
    o interfere with rational and critical thought
    o encourage black and white views of the world: all are 'saints' or 'sinners'
    o instill ill-founded paranoia concerning evil forces threatening one's integrity

    Some might think that one could debate whether the following would be characteristic of UUs:
    o reduces existential anxiety by offering a structure in a chaotic world
    o provides a foundation for cathartic collectively enacted ritual
    o establish a foundation for unhealthy repression of anger

- Are there ones that your congregation can do better on?

- How do you feel about the relationship of organized religion to mental health? Do you agree with either of the points of view expressed in the handout – that it is harmful, or that it is beneficial? Why?

Planning: Building a Caring Congregation Plan   **30 minutes**
Discuss the handout *Planning: Building a Caring Congregation Plan.* The goal of this exercise is to understand where your congregation stands in the area of mental health ministry and to determine some next steps to take. The following are possible questions for consideration.
- Where is your congregation on Gunnar Christian's Steps to a Mental Health Ministry? Do any of his steps look like a good next step to take? For example,
  o Is there a mental health task force, or a group of people who want to work on this issue in your congregation?
  o Do you want to have people in your congregation trained to offer the full 7-Workshop curriculum in the *Caring Congregation Handbook*?
- Are there people in your church who are already involved with mental health issues? For example, are there any members of NAMI (National Alliance on Mental Illness) in your congregation? If so, have them tell you of their involvement and how the church might learn from them.
- Has your congregation had a worship service on mental health?
- Would a film night plus discussion make sense?
- Ask if anyone in the class feels strongly enough about a particular issue that they want to work on it with others. The responses to this should identify what is most important and who may be the potential leaders in the effort.

After the class is over, you can form a team of committed people, and form a plan to carry out the items that the congregation feels are most important.

Closing   **5 minutes**
Reading by Paul Fleischman

"At the conclusion of life, I would hope to say:
I was seen and known, heart and soul, and in the same way knew those who circled me;
I bowed to the one who opens in a dawn, and I lived in harmony with the order, the principles, and the laws of the day;
I knew myself, saw myself, and held in one embrace human faults, limits and successes;
I did my job, working in the common cause;
And I stirred up dust with my feet, tramping along in the undivided march of human history;
I laid down my burden and surrendered myself to the voice of the river, and I became a vessel, and out of me poured the fountain of life;
And when I looked up I saw one hand spinning the divine wheel of the world;
And I looked down, and knelt, lending my hand; and I continued on my way, shouldering my own pain as I followed the signs;
And now that I feel the chill of death upon me, I can sing of how I was sent forth, and who calls me home."

May we hope for this vision for ourselves, our loved ones and others.
May our participation in this course help make it so.

HANDOUTS for ADULT WORKSHOPS

- Mental Health and Mental Disorders
- Myths and Stereotypes about those with Mental Disorders
- Stigma of Mental Disorders– Consequences and Strategies
- Spirituality, Religion and Mental Health
- Planning: Building a Caring Congregation Plan
- The Recovery Model
- Dimensions to Recovery

Mental Health and Mental Disorders

Mental Health
The successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity

Mental Disorder
Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning.

A Mental Disorder is a psychological behavioral syndrome occurring in a person that results in clinically significant impairment or distress, not an expectable response to a particular event and not a manifestation of cultural norms

Every phrase of this definition is significant:

- *psychological behavioral*: A diagnosis of a mental disorder occurs where the psychological or behavioral symptoms are the most prominent symptoms

- *syndrome*: A pattern or cluster of symptoms that tend to occur together

- *occurring in a person*: An individual, not societal problem

- *clinically significant impairment or distress*: There is a difference between unconventional behavior and a mental disorder. People shouldn't be diagnosed with a mental disorder just because they're 'different'. It is acknowledged that in some cases there is a blurred line between normality and abnormality, and that diagnosis has a subjective component. Care should be taken not to over-pathologize behavior.

- *not an expectable response to a particular event and not a manifestation of cultural norms*

Mental Health and Mental Disorder are Points on a Continuum
- Everyone experiences emotional distress during difficult times, whether or not they are diagnosed with a mental disorder.
- People will move back and forth along a continuum between mental health and mental disorder in living their lives.
- Understanding how to cope with mental disorders will help all people cope with the difficult times in their lives.

Sources:
- U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*
- American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*

Myths and Stereotypes about those with Mental Disorders

Myth / Stereotype	The Facts
Violent	This common stereotype is vastly exaggerated by the media. In fact, although some mental disorders (anti-social personality disorder and the acute stage of some psychotic disorders) do have aggression and violence as possible symptoms, recent research has shown that using alcohol and drugs is a much more reliable predictor of violent behavior than is mental disorder. It is only when a mentally ill person abuses alcohol and illegal drugs that they are somewhat more likely than a non-mentally ill person to be violent. By any measure, however, the vast majority of violent acts are committed by people without mental disorder.
Comical	The media sometimes depict the experience of mental illness as being comical. This is disrespectful of the agony of those in these circumstances, and can be harmful to them.
Not curable, or poor outcome	As many as 80 percent of people suffering from mental illnesses can effectively return to normal, productive lives if they receive appropriate treatment. Many others can have their suffering significantly reduced.
Morally deficient; God's judgment for sinful behavior	This was the prevailing thought before the 18th century when the need for humane care became widely recognized. It has no place in today's world.
Fear that it is 'catching'	You do not develop a mental disorder by being around someone with one.
Mentally ill people are unreliable and unpredictable	For some disorders this may be true when a person is in a crisis, but is not generally true otherwise, and it is not true for all disorders.
Some people "don't believe in" mental disorders or psychotherapy.	The facts that these disorders respond to clinical treatment and that they can be devastating to a person's life belie the belief that they are feigned.
Spiritual experiences of mentally ill are not true religious experiences	Many people with and without mental disorders have mystical experiences. The true meaning of the experience depends on the meaning felt by the person having the experience.
You cannot communicate with people with mental disorders	Although symptoms of some mental disorders involve disturbances in communication, most people with mental disorders, even those in acute psychiatric stress, can communicate with others and tell at least some of what is happening with them.
Mental illness is evidence of character flaws, and you are weak if you need to seek help.	Tragically, this baseless stereotype keeps many people from getting the help they need, and that is readily available.
Mental illness is a result of poor parenting	Mental illness is caused by a variety of inherited and environmental factors. Abusive parenting can contribute to mental disorders. But, good parenting may not be able to shield a child from mental illness, since many causative factors are not in the power of a parent to affect.
People with mental disorders have nothing to contribute to society	This is patently untrue. Many of the most creative artists, poets and writers have lived with some sort of mental disorder. Since 20% of the population will develop a mental disorder every year, clearly there are millions of people with mental disorders who contribute to society. And, many gifted artists, musicians, poets and writers have had mental disorders.
People with mental disorders have bizarre, disruptive behavior	While it is true that some mental disorders involve disruptive behavior, most disorders do not. If guidelines on appropriate behavior are in place, disruption from any person with or without a mental disorder can be limited.

Table 1. Myths and Stereotypes about those with Mental Disorders

Perpetuating a stigma is counter to the first principle of the Unitarian Universalist faith: Respect for the inherent worth and dignity of every person.

Stigma of Mental Disorders – Consequences and Strategies

Consequences of Stigma:

The consequences of these stereotypes on people with mental disorders and their families include:
- Lack of respect and consideration
- De-humanization
- People kept from seeking help, thus suffering needlessly
- Misunderstanding
- Hostility, anger and frustration
- Hurt and wounded feelings
- Shunning and isolation
- Low self esteem
- Discouragement, disappointment and low expectations for life
- Suicide, and resulting trauma to the family left behind
- Discrimination in employment, housing, and other social activities
- Negative media images
- Insurance for physical, but not mental illness
- Cost to society at large. According the American Psychiatric Association, the direct costs of support and medical treatment of mental disorders total $55.4 billion a year. The indirect costs, such as lost employment, reduced productivity, criminal activity, vehicular accidents and social welfare programs increase the total cost of mental and substance abuse disorders to more than $273 billion a year.
- Tragically, some of the worst consequences of stigma are when the person with the mental disorder believes it to be true of himself or herself, because it can rob the person of hope.

Strategies for addressing stigma:

- Education. This program is an example.
- Respect, Listening, Understanding – Treat the person with the mental disorder as a respected person, listening to them without judgment and trying to understand their problems. This includes self-talk for those with mental disorders.
- Challenge Inaccuracies. When you hear them, when you see them in the media.
- Advocacy. Become proactive in advocating for those with mental disorders and their families.

If participants want to explore this topic further, two excellent books about research into the stigma associated with Mental Illness are:
- *Telling is Risky Business – Mental Health Consumers Confront Stigma*, by Otto F. Wahl, Rutgers University Press, 1999.
- *Don't Call Me Nuts! – Coping with the Stigma of Mental Illness,* by Patrick Corrigan and Robert Lundin, Chicago: Recovery Press, 2001.

Spirituality, Religion and Mental Health

"Direct experience of that transcending mystery and wonder, affirmed in all cultures, which moves us to a renewal of the spirit and an openness to the forces that create and uphold life" 1st UU Source

Russell Shorto

Russell Shorto in his recent book *Saints and Madmen* acknowledges that there is a blurred line between experiences that are psychotic and those that are religiously important. "If you look at the great mystics, I can't think of one who did not show signs of what today would be considered severe psychosis or manic-depressive illness. We could say that the 'illness' of these mystics served as a spiritual death and rebirth experience, but that would be over-romanticizing because mystics get lost and confused, too." He points out that psychotic experience in mental illness can be religiously meaningful to the person experiencing them. Shorto concludes that the metaphor of play "might be a useful way to understand what separates the psychotic and the mystic, as well as what distinguishes the addict or the obsessive from the comparatively free striver. The one is dead certain, serious as a heart attack, hanging on for dear life. The other has learned how to play."

Paul Fleischman

In *The Healing Spirit - Explorations in Religion and Psychotherapy,* Paul Fleischman identifies ten elements of religious psychology. Each element is both psychological and religious and each represents a need, problem or dilemma in human life. They are:

1. *Witnessed Significance* - the need to be seen, known, responded to, confirmed, appreciated, recognized, identified, and cared for.
2. *Lawful Order* - the need for dependence upon someone or something, a need for limits or rules which can be known and counted upon.
3. *Affirming Acceptance* - the need to be accepted, integrated, whole, integral and unified: one will, one mind, one direction, one set of drives and impulses in one personality and one body.
4. *Calling* - the need to feel useful, used, relevant, connected to others. A drive to become who one was meant to become. Not just for priests, ministers, nuns, but for all people.
5. *Membership* - the need for a place inside of, and on orientation to history. Have a group, affiliation, community. Empathetic identification heals - the foundation of psychotherapy.
6. *Release* - the need to relax, lay down burdens, relinquish effort to control, relieved of guilt and anxiety, free of tension, and find inner peace. One of the most sought after treasures of spiritual and developmental practice.
7. *Worldview* - the need for a cosmos outside and around one, a cognitive-emotional sense of the world that is integrated, whole, meaningful, coherent, beautiful, sacred. Integrated into radiant beauty of the universe.
8. *Human Love* - every case of psychotherapy, to a greater or lesser extent, is a problem of the failure to love. Love is what binds a person to life, when life is otherwise unendurable.
9. *Sacrifice* - Suffering is inevitable, and sacrifice is how inevitable suffering can be made meaningful. Ex: vows of chastity in many religions, endurance of beatings, jail for a cause. A courageous, principled action.
10. *Meaningful Death* - the need to face one's own death confirmed, not shattered, with a sense of fulfillment, completion, continuity which enables one life to pass on courage, hope and vision in the act of expiration.

Carl G. Jung

"Among all my patients in the second half of life – that is to say, over 35 – there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of

them fell ill because he had lost what the living religions of every age have given to their followers, and none of them has really been healed who did not regain his religious outlook."

Relationship of Religion and Mental Health – Two Sets of Views

There have been different views of the way that religion and mental health are thought to relate to one another. The following are from a recent book *Religion and Mental Health* edited by J.F. Schumaker which contains studies on the relation of religion to mental health. Reasons given by those making the argument that religion is generally beneficial to mental health are that religion:

1. reduces existential anxiety by offering a structure in a chaotic world
2. offers a sense of hope, meaning, and purpose, and thus emotional well-being
3. provides reassuring fatalism enabling one to deal better with pain
4. affords solutions to many kinds of emotional and situational conflicts
5. offers afterlife beliefs, helping one to deal with one's own mortality
6. gives a sense of power through association with an omnipotent force
7. establishes moral guidelines to serve self and others
8. promotes social cohesion
9. offers a social identity and a place to belong
10. provides a foundation for cathartic collectively enacted ritual

Reasons given by those who feel that religion doesn't help, and may harm mental health are that religion has the potential to:

1. generate unhealthy levels of guilt
2. promote self-denigration and low self-esteem by devaluing human nature
3. establish a foundation for unhealthy repression of anger
4. create anxiety and fear by beliefs in punishment in hell for 'evil' ways
5. impede self-direction and a sense of internal control
6. foster dependency and conformity with an over-reliance on external forces
7. inhibit expression of sexual feelings
8. encourage black and white views of the world: all are 'saints' or 'sinners'
9. instill ill-founded paranoia concerning evil forces threatening one's integrity
10. interfere with rational and critical thought

Religious ideation is very common among people with mental disorders. It may be most helpful to understand the person's experience of religion as being beneficial to the extent that it provides positive life-affirming resources. To the extent that it is bringing a harmful message to the person, for example a suicidal message, our responsibility should be to first make sure the person gets appropriate help, and after he or she is stable help the person to build up the kind of positive relationship with religion that is found by so many people with and without mental disorders.

Planning: Building a Caring Congregation Plan

I. Gunnar Christiansen's Steps to a Mental Health Ministry

Dr. Gunnar Christiansen identifies the following steps (to be followed in order) in building a ministry that serves those with mental illness. You may want to consider these and adapt it for your congregation.

1. Gain approval from the senior clergy person and lay leadership
2. Establish a task force at your congregation
3. Education. Learn how you can respond to the need effectively. Get your pastoral care team involved. Taking this class counts as education. Taking the complete 7-workshop curriculum provides more education about specific mental disorders and their treatment, as well as information for families.
4. Provide a support group for family members and a group for mental health clients.
5. Provide the full range ministry to those who have a mental disorder as you do to others, including pastoral care
6. Establish guidelines for appropriate behavior in church. Examples of such guidelines for adults can be found at: www.uua.org/interconnections/leadership/vol1-2-leadership.html
   - Guidelines for all adults (not just those with mental disorders)
   - Guidelines for children, for example, how to handle hyperactive children
7. Outreach to those with mental disorders in the community surrounding a congregation. Examples are providing low-cost housing and/or a drop-in center.
8. Provide a model as an employer by offering jobs to those with mental disorders
9. Advocacy on behalf of those with mental disorders to local, state and national government. See the topic below for some specific suggestions for doing this.

II. Get connected with mental health organizations. Consider joining and working with:

- NAMI national and local chapters: www.nami.org
- Faith Net (www.faithnetnami.org): A group of NAMI members supports the development within the Faith Community of a non-threatening, supportive environment for those with serious mental illness and their families.
- Pathways to Promise (www.pathways2promise.org) is an interfaith technical assistance and resource center which offers liturgical and educational materials, program models, and networking information to promote a caring ministry with people with mental illness and their families.
- Mental health client groups: www.mentalhealthconsumer.net/index-links.html , www.mhselfhelp.org
- Identify any locally based groups and consider affiliating

III. Offer church services on mental health topics

IV. Work with pastoral care team to provide care to mentally ill people and their families

- Provide training for pastoral care team on mental health issues using the two pastoral care workshops in the full version of the *Caring Congregation Handbook.*

V. Advocacy
Advocacy for those with Mental Disorders involves research into your community situation and identifying the issues where you can make the most impact. The following are some suggested activities and possible forms that advocacy might take.

- Do a mental health power study for your local community

  A *power study* is a study of one's local community that determines who has the power to make

decisions affecting the mental health of the residents of that community.

- From the information collected in doing the power study, identify those issues that you feel are most critical to affect those in your community, and form a plan to tackle them.

- Advocacy work might involve a wide-ranging set of activities, including:
  - Get involved politically in state and local issues affecting those with mental disorders, particularly where your representatives are not serving justice. Keep track of important legislation and make your voice heard when necessary. Use the NAMI legislative network to get action alerts, and alert your congregation to take action when necessary.
  - Sponsor educational events to provide information about mental illness. Provide opportunities for people to speak openly about their mental illness.
  - Volunteer in a mental health related agency or group
  - Sponsor a group home for those with mental disorders.
  - Sponsor a support group for those with mental disorders.
  - Sponsor a drop-in center for those with mental disorders.
  - Form an anti-stigma team. Write letters to the editor, write letters to politicians, alert NAMI
  - Offer employment opportunities for those with mental disorders
  - Work on some of the underlying problems causing racial and ethnic mental disorders
    - Promote positive ethnic and community identity
    - Promote local leadership and determinations
    - Promote strong families
      Work on social problems such as racism, poverty and violence

The Recovery Model

- Recently embraced by mental health clients, families, providers, and the President's New Freedom Commission for Mental Health, 2003
- Recovery can be defined as:
  - Regaining meaningful social roles in society as one grows beyond the catastrophic effects of mental illness.
  - A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles.
  - Maintaining as much freedom, independence and autonomy as possible, making as many decisions as possible for oneself.

- Recovery does not necessarily mean:
  - The absence of symptoms
  - The absence of need for medication or other therapies

- Underlying assumptions of the Recovery Model:
  - Recovery from severe psychiatric disabilities is achievable
  - Recovery is not a function of one's theory about the causes of mental illness
  - Recovery requires a well-organized support system
  - A holistic view of mental illness that focuses on the person, not just the symptoms

Stages of Recovery [6]

Prerequisites: ACCEPTANCE, NEEDS MET
The person accepts that there is a problem with their mental health. And, the person's physical needs, including housing, care and medication are being met. Recognize that the model is not perfect and that there can be back-sliding.

The first stage: HOPE
During times of despair, everyone needs a sense of hope, a sense that things can and will get better. It's not so much that people with mental illness will attain precisely the vision they create, but that they need to have a clear image of the possibilities before they can make difficult changes and take positive steps. They may need others to be hopeful for them, and work with them to acquire this sense of hope.

The second stage: EMPOWERMENT
To move forward, people need to have a sense of their own capability and their own power. Their hope needs to be focused on things they can do for themselves rather than on new cures or fixes that someone else will discover or give them. Often people have to experience success before they believe they can be successful. Sometimes they need another person to believe in them before they're confident enough to believe in themselves.

The third stage: SELF-RESPONSIBILITY
As people with mental illness move toward recovery, they realize they have to take responsibility for their own lives, and not have others do everything for them. This means they have to take risks, try new things and learn from their mistakes and failures. It also means they need to let go of the feelings of blame, anger and disappointment associated with their illness. Old patterns of dependency must be broken.

The fourth stage: A MEANINGFUL ROLE IN LIFE
Ultimately, in order to recover, people with mental illness must achieve some meaningful role in their lives that is separate from their illness. Newly acquired traits like increased hopefulness, confidence and self-responsibility need to be applied to "normal" roles such as employee, son, mother and neighbor, apart from their mental illness. It is important for people to join the larger community and interact with people who are unrelated to their mental illness.

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[6] This model is based on work by Dr. Mark Ragins discussed in his book *The Road to Recovery*.
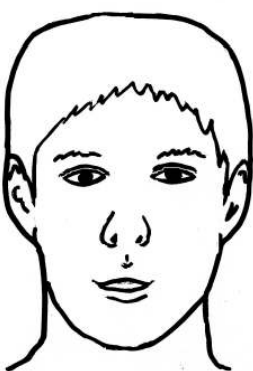
Dimensions to Recovery

MIND
PSYCHOTHERAPY
HOPE
SELF ESTEEM
EDUCATION

BODY
NOURISHMENT
MEDICATION
REST
EXERCISE
SYMPTOM MANAGEMENT
MEDICAL CARE

PLAY
FUN
HOBBIES
ENTERTAINMENT
LAUGHTER

RELATIONSHIPS
FRIENDSHIPS
FAMILY SUPPORT
PEER SUPPORT
ACCEPTANCE
HELPING OTHERS

WORK
MEANINGFUL OCCUPATION
CREATIVE EXPRESSION

ENVIRONMENTAL
HOUSING
CONNECTING WITH NATURE
ADEQUATE FINANCES

SPIRIT
SPIRITUAL PRACTICE
RELIGIOUS COMMUNITY
FIND MEANING IN SUFFERING

Success involves as many of these dimensions as possible
Each person's balance of these factors is unique.

This categorization uses the dimensions of well-being defined by Howard Clinebell in *Well Being--A Personal Plan For Exploring & Enriching The 7 Dimensions Of Life--Mind, Body, Spirit, Relationships, Work, Play, Earth*, San Francisco: Harper, 1992.

Lessons for Children Ages 10-12

Religious Education about Mental Disorders for Children

Age Level: These lessons are designed for children ages 10-12, or grades 4-5. .

Motivation and Purpose
- Motivation:
  - o Children with family members who have mental illness are at greater risk of depression, they live with fear, apprehension and feelings of guilt, and they are likely to act out cruelly towards those with mental illness.
  - o Ill treatment of children with mental illness is a cause of treatment avoidance later in life, increases the rate of post traumatic stress disorder and of suicide, and impacts the long-term outcome of success.
  - o The care of children when there has been a mental health crisis in the congregation needs to be focused on so as to let them get beyond the situation in a healthy way.
- Purpose / Goals: To make children aware of mental disorders and how the actions that they can take towards those with mental disorders can be helpful or hurtful. Teach them about feelings. Give them communication strategies that will strengthen their abilities to interact compassionately with their peers and with adults. Presence during the class of a respected adult or child who is living with a mental disorder is highly desirable.
- The lessons need to be flexible enough to be tailored for any situation that may have occurred in a congregation, such as:
  - o A parent or a sibling with a mental disorder
  - o A classmate with a mental disorder
  - o A teacher or other congregation member who has committed suicide
  - o A situation where people's rights have been denied due to a mental disorder
  - o A child in the class has a mental disorder

Guidelines for the children's classes
The following are guidelines that the children should use for this class. They will be explained to the children at the first session and repeated at the beginning of each lesson. You may want to make a chart, like the one following this introduction, and post it prominently in the classroom for everyone to see.

When teaching younger children, you can simplify these rules, and just show them the first one: Respect what other people share.

Respect what other people share
Everyone is to be treated with respect, have a chance to share, to be heard, and to be included.
We pay attention to those around us, welcome new comers, help those who are lonely, hurting or struggling.
We listen and we don't interrupt, or talk when someone else is talking. We will not say hurtful things; instead we say kind things and honestly say how we feel. We will work to understand that others have different experiences.

Personal sharing
People are asked to share their own experience with mental illness, or that of their family, if they choose to do so. Each of us decides if we want to share; whatever we decide is OK.

Speak for yourself
We can only speak for ourselves, not others. We will start sentences with "I think …, "I feel …", or "I

believe …".

When talking about feelings
When we talk about our feelings, we use language that owns our own feelings and shows empathy for the feelings of others. For example, to tell others how they have affected our feelings, we say "When you do ___ it makes me feel ___. And, when trying to understand the feelings of others, we say "It must feel ___ when you ___."

Confidentiality
We can choose to share activities, readings, and discussions with their families and others, as long as we don't name names. We don't talk about people behind their backs or exclude them from our activities.

Teasing, isolation, and bullying will not be tolerated
Everyone is encouraged to share his or her own thoughts and feelings without fear of being laughed at or criticized. Teasing, ignoring or bullying a child because of a disclosure of mental disorder will not be tolerated.

Be especially careful to respect children who choose to "come out" as mental patients or families of mental patients during the workshops. This might be the first time that they have chosen to talk of this openly, and the courage to do so must be deeply respected.

THE CHILDREN'S WORKSHOPS
These lessons are designed to educate children about mental illness, teach them about their and others' feelings, and how to accept and communicate with others when issues relating mental disorders are present.

1. Introducing mental disorders to children
2. Recognizing feelings
3. Being compassionate to someone with a mental disorder
4. Learning and practicing communication skills

Children's Workshop 1:

Introducing Mental Disorders to Children

"Melvin has his ideas – that's all." Daniel Pinkwater

Purpose: This lesson introduces mental disorders in a compassionate way. It shows that everyone has unique ideas, and aims to de-stigmatize mental illness to children.

Materials
- The book *Uncle Melvin* by Daniel Pinkwater, MacMillan Publishing Company, 1989.
- Art supplies – paper, crayons, colored pencils
- (Optional) A green hat to wear when reading the story

Preparation
- Read over the lesson and decide how you are going to present it to the class.
- Make a large chart with Guidelines for the Class on it
- Make sure that all children will be able to see the pictures in the book. If necessary enlarge the pictures using a computer, or making flip charts.
- This book liberates the words "crazy" and "looney bin" from their usual negative meanings. If the children ask about them, explain that "crazy" is another way of saying "mental disorder" and that a "looney bin" is a "place where people with mental disorders live." You can explain that words like "crazy" and "looney bin" can also be harmful if used to demean people.
- Obtain a copy of *Singing the Living Tradition,* Beacon Press, 1993 for the song.

SESSION PLAN
Opening / Chalice Lighting   **5 minutes**
Lighting a Chalice

>   Come into the circle of love and justice.
>   Come into the community of caring, loving, and strength.
>   Come and you shall know peace and joy.

Song: From You I Receive   # 402 in the *Singing the Living Tradition* hymnal

Note: A good way to teach children a song is to have them read the words first aloud. Then you sing a verse of the song to have them learn the tune. Then ask them to sing again with you.

Explain the **Guidelines for the Class** (listed before the workshops).

Story: *Uncle Melvin* by Daniel Pinkwater   **15 minutes**
Read the story *Uncle Melvin* by Daniel Pinkwater to the class. Act out the parts dramatically, wearing a green hat, if you have brought one. Make sure all children can see the pictures. If children interrupt by asking questions, decide if they can be answered quickly or if you want to hold them for the discussion time below. The following are possible brief questions with suggested answers:
- How can Uncle Melvin do all these things if he is crazy? [*People with mental disorders can do lots of things, as the story shows*.]
- Can't people explain to Uncle Melvin that what he believes isn't real? [*They're not real to other people, but they're real to Uncle Melvin*.]
- Why can't Charles have a regular baby sitter rather than Uncle Melvin? [*Charles and his parents trust Uncle Melvin because they know he loves Charles and is very reliable*.]
- What is a Looney Bin? [*A place where people with mental disorders live. Some are in mental hospitals, and some are in homes with other people with mental disorders*.]
- Why does Uncle Melvin live in a Looney Bin? [*It is a safe place for him to be and his needs are*

cared for there.]

Discussion   **10 minutes**
Enter into discussion with the class around ideas from the book. Here are some suggested discussion
questions. You can add other questions as well.

Questions for Children:
- Why do you think that Charles liked having his Uncle Melvin around?
- Have you ever believed something that other people didn't believe?
- Have you ever known anyone who reminds you of Uncle Melvin?
- When Charles asks if Melvin is crazy, his father says that "Melvin has his ideas – that's all." What do think of this suggestion?
- Charles' father says he knows that Charles won't make fun of Uncle Melvin. Have you ever heard someone make fun of crazy people? What do you think about it?

Song   **3 minutes**
Introduce and teach the song: *My Rainbow* to the class.   Sing it through a couple of times with the class.

My Rainbow

Peggy Rahman   Peggy Rahman

My rain-bow's strength   is in my   song.   With light as   clear   as days are
long.   With   love   that's   big   -   ger   than   the
sky.   We'll walk   to - ge   -   ther   by   and   by.

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Activity: Drawing something you imagine   **15 minutes**
Pass out the art supplies and ask each child to draw something from their own imagination that they think
other people might not know about.

Sharing Drawings   **10 minutes**
Ask each child to share their pictures with the class, explaining what the picture is and what it means to
them.

Closing   **5 minutes**
There are all sorts of people in this world.
We learn to know them and respect them,
As the special people that they are,
No matter how crazy we think they are, or they think we are.
We are all living in this world together
And together we are making it a special place for every one.

Go in peace.

Children's Workshop 2:

Recognizing Feelings

"Feelings are important."

Purpose: This lesson allows children to recognize their feelings. Its goal is to foster creation of a safe, caring community of peers.

Materials
- A copy of the book *Today I Feel Silly & Other Moods that Make My Day* by Jamie Lee Curtis, Joanna Cotler Books, 1998. ISBN 0-06-024560-3
- Colored pencils or crayons for children to draw with
- Poster board for feelings puzzle
- Several glue sticks to make feelings puzzle
- Several pairs of child-safe scissors

Preparation
- Make a copy of the Feeling Faces chart for each child to refer to in the Feelings Activity
- Make a copy of the Template for Feelings Art Project for each child
- Obtain a copy of *Singing the Living Tradition,* Beacon Press, 1993 for the readings and songs.

In this lesson, we will be talking about feelings with the children. It does open up the possibility that children will talks about intimate family matters in a way that may create difficulties. If you think this might be a problem with the children in your class, it would be good to think about this possibility and how you plan to handle it. For example, you might suggest that a child see you or the minister after class to talk more privately about the situation. You can also remind the children about the confidentiality rule.

SESSION PLAN

Opening / Chalice Lighting   **5 minutes**
Lighting a Chalice adapted from # 439 in *Singing the Living Tradition* by Sophia Lyon Fahs
>   We gather in wonder just thinking about how precious our lives are –
>   The wonder of this moment,
>   The wonder of being together, people near to each other –
>   Yet each with our own thoughts.
>   Each listening, each trying to speak –
>   Yet knowing we can't understand each other completely.
>   We gather in wonder before all things we cannot see or hear or touch.

Song: Morning Has Come # 397 in the *Singing the Living Tradition* hymnal

Review the **Guidelines for the Class** (listed before the workshops).

Story: *Today I Feel Silly & Other Moods that Make My Day* by Jamie Lee Curtis   **10 minutes**
Read the story to the class. Each page shows a girl in a different mood. It ends by saying "Whatever I'm feeling inside is okay!" This is a perfect lead-in to the next activity.

Activity: Recognizing and Expressing Feelings   **10 minutes**
Pass out copies of the Feelings Faces chart to each child, and explain that we are going to be talking about feelings, and the Feelings Faces chart like the story we just read is to give examples of kinds of feelings a person might have. If they have feelings that are not on the chart, that is OK. The chart is just to give examples. Explain that lots of times feelings just happen without our trying to make them happen. We don't need to feel ashamed of any feeling that just pops into our minds. There are times when we can't help

feeling whatever we're feeling. We have a lot less control over our feelings than we have over our actions. There is no reason to feel ashamed at suddenly feeling angry at somebody. Sometimes we can't help that. But we can keep ourselves from acting in an angry way. For example, we can stop ourselves from punching somebody. Ask the children if there are any words on the chart that they don't understand. If so, ask if another child can give an explanation.

Write the sentence on the black board: "I felt _____ when ____." This will be a template for the children to use. Tell the children they will be explaining how they felt this week by filling in the blanks in the sentence.   Give them some examples like:
        "I felt happy when my mother took me to the ball game."
        "I felt shy when I was in a room filled with strange people."

Start by giving your own feelings this week, and then ask the children to raise their hand when they have something to share. Sharing more than one feeling is fine. Don't pressure children who aren't comfortable in sharing, but make sure that everyone has at least one chance to share if they want to.   If some children look confused, ask the children if anyone didn't understand. If so, ask if another child can give an explanation.

When everyone has shared, thank the children for being so honest with each other about their feelings. Explain that after the song, we will be drawing our feelings and making a puzzle.

Song   Verse 1 of "*Love Will Guide Us*" #131 in *Singing the Living Tradition.*   **3 minutes**

Activity: Drawing Feelings Art Project   **15 minutes**
Have the children sit at a table with crayons and colored pencils available to them.
Pass out a copy of the Template for Feelings Art Project to each child. Tell them that they are going to work together to make a collage about feelings; that each drawing that they make will be one piece of a puzzle the class will make together.

Point out that the Template has a curved line down the center, making two pieces of a puzzle that we will be creating when they are finished. They will be drawing something that reminds them of a feeling on one side of the curved line. If they have time, they can draw on the other half with a different feeling. Examples of kinds of things they might draw are: a particular color or shape that they associate with a feeling, like "drawing bubbles for the happy feeling," or "coloring it all blue for a sad feeling." They could also draw figures or squiggles, or anything that they associate with a particular feeling. They could even write some words.

Make it clear that they have 20 minutes to finish and that when they are finished they will cut their paper on the curved line and glue their pieces on the big feeling puzzle. Ask them to decide which feeling they want express in their piece.

Activity: Making a Feelings Puzzle   **5 minutes**
As the children finish their drawings, ask if someone wants to help cut the pictures apart. Cut around the square of the picture, and then down each curved line.

Assemble the pieces of the feelings puzzle, the glue and the poster board. Ask for children to volunteer to create the puzzle. Everyone should get a chance to help, if at all possible

To make the puzzle, fit the pieces together in a collage, fitting pieces of each child's drawing with that of another child, and then paste it onto the poster board. You should end up with a beautiful patchwork of multicolored squares.

Discussion: Reflections on the Feelings Puzzle   **10 minutes**
Comment on how beautiful the puzzle looks.   Engage the children in a discussion around the puzzle. The

following are suggested questions:

Question for Children:
How do you feel about seeing the whole puzzle together? [*If no one points it out, make the point that the puzzle shows us how our feelings are connected to the feelings of others, and that there are people with all kinds of feelings in this world. This is one thing that makes the world such a wonderful place.*]

What feeling did you draw, and why did you pick a particular color or design?

Are some feelings harder to draw than others? If so, why do you think so?
> To get at the difficulty question: Choose several feelings from the Feelings Faces chart, and ask the children to raise their hands if they think it is hard to express. Ask why it is difficult, if some people think it is. Ask them to raise their hands if they think it is easy to express, and ask why they think it is easy, if they raise their hands.

Point out how some feelings are different from others, and some people have a different way of feeling the same feeling. Reiterate that each child has a right to feel their feelings exactly the way he or she feels them.

Closing   Adapted from # 657 in *Singing the Living Tradition* by Sophia Lyon Fahs   **2 minutes**

Some feelings are like shadows, clouding our days with fears of unknown problems.

> *Other feelings are like sunshine, blessing us with the warmth of happiness.*

Some feelings weaken how one feels about oneself. They block our growth or our creativity.

> *Other feelings nurture self-confidence and enrich our feeling of personal worth.*

Some feelings can lead people to do hurt other's feelings

> *Other feelings help us to understand feelings and how to care for others*

Fears of bad things happening can weaken a person's self-confidence, what we feel is important and what other people feel is important.

Go in peace.

Children's Workshop 3:

Being Compassionate to Someone with a Mental Disorder

"You safe, Miss Nella. Safe." Regina Hanson

Purpose: This lesson allows children to understand what makes them feel cared for, and what they can do to care for others. Its goal is to foster creation of a safe, caring community of peers.

Materials
* The book *The Face at the Window* by Regina Hanson, Clarion Books, 1997.
* A ball of yarn

Preparation
* Read over the lesson and decide how you are going to present it to the class.
* Make sure that all children will be able to see the pictures in the book. If necessary enlarge the pictures using a computer, or making flip charts.
* Obtain a copy of *Singing the Living Tradition,* Beacon Press, 1993 for the readings and songs.

SESSION PLAN
Opening / Chalice Lighting   **5 minutes**
Lighting a Chalice adapted from #453 in *Singing the Living Tradition*
>   May the chalice that we now light
>   Inspire us to use our lives
>   To help and not to harm
>   To be kind and not to be mean
>   And to serve each other
>   So that all may live as they wish to live.

Song: Morning Has Come #397 in the *Singing the Living Tradition* hymnal

Review the **Guidelines for the Class** (listed before the workshops).

Story: *The Face at the Window* by Regina Hanson   **20 minutes**
Tell the class that we will now hear a long story about a girl named Dora who learned how to be kind to someone who has mental health problems. Remind them it will be a long story. Read the story to the class, acting it out as dramatically as you can. Make sure all children can see the pictures. If children interrupt by asking questions, decide if they can be answered quickly or if you want to hold them for the discussion time below.

Discussion   **15 minutes**
Enter into discussion with the class around ideas from the book. Here are some suggested discussion questions with possible answers in brackets. You can add other questions as well.

In the story, Lureen and Trevor tease Dora, making fun of her fear of Miss Nella.

>   **Questions for Children:**
* How did this teasing make Dora feel? *[This teasing makes Dora even more frightened.]*
* What things did Dora start to believe after this experience? [*Miss Nella makes the bad storm. That she could hear a 3-legged horse when the rain fell*.]
* Who helped Dora handle her fear, and what did she do? [*Her parents helped her handle her fear and they went to visit Miss Nella with her parents to say that she was sorry*.]
* What could Miss Nella see and hear that no one else could? *[She could hear a 3-legged horse. She could hear thousands of crabs who were talking.]*
* How did Dora and her parents help Miss Nella? [*They told her she was safe.*]
* How did Dora feel about Miss Nella at the end of the story? *[She thought that she was a friend.]*

- Have you ever seen or heard things that weren't there? Do you know anyone who has?
- Have you ever been teased because of a fear that you had? How did it make you feel?
- What are some of the things that you or your friends so when they are afraid or very sad?
- What are some helpful ways to handle someone who is afraid or very sad? *[You can tell them they are safe, or help them to become safe, by getting an adult to help. You can not tease them, and stop others from teasing them.]*

Song *Voice Still and Small* #391 in *Singing the Living Tradition*   **3 minutes**
using these words adapted for this lesson by Peggy Rahman.

> Love will guide us
> Peace has tried us.
> Hope inside of us
> Will lead the way
> On the road from
> Greed to giving
> Love will guide us night and day
>
> Love will hold us
> When we are frightened
> Care will shine a
> Light in our hearts
> We travel together
> And learn from each other
> Always connected
> Never apart

Activity: How We Are Cared For   **10 minutes**
- Ask the children to sit in a circle.
- Pick up the ball of yarn and explain to the children that we are going to play a game about telling how they can feel cared for. As the teacher, start the game, by holding the ball of yarn and saying: "I feel cared for when ….", filling in the rest of the sentence.
- Then, holding onto the end of the yarn, throw the ball to a child in the circle. There will now be a yarn connection between you and the child.
- Then, and ask the child to say: "I feel cared for when …", completing the sentence based on their own experience.
- Tell the child to hold onto the yarn and throw the ball to someone who hasn't spoken yet.
- Repeat this exercise until everyone in the circle has shared. Tell the children that they can say something that someone else has said, if they want to.

At the end of the activity, there should now be a web of yarn within the circle joining all the people together.

Discussion   **3 minutes**
Enter into discussion about the exercise and the web of yarn. Here are some suggested discussion questions with possible answers in brackets. You can add other questions as well.
- Ask if there were any similar caring activities that different children mentioned.
- Jiggle your end of the yarn and ask "What happens when one person jiggles their yarn?" [*Everyone else in the class can feel the movement.*]
- What does this suggest to you about what it means to care for others, especially caring for others with mental disorders? [*Everyone's hurt and everyone's happiness affects us all. So, when we care for someone, we are helping to caring for everyone*]
- Thank the class for their sharing because they have taught the other class members how to care for

each other.

Closing   Adapted from Reading # 692 in *Singing the Living Tradition* by Lauralyn Bellamy   **2 minutes**

If you have found comfort,
Go and share it with others

If you have found someone to understand you
Try and understand someone else

If you have found peace
Try and help someone who is afraid

If you have dreamed dreams,
Help one another, that they may come true!

If you have known love,
Give some back to a bruised and hurting world.

Go in peace.

Children's Workshop 4:

Learning and practicing empathy and communication skills

"May we speak right from our hearts."

Purpose: This lesson allows children to practice their communication skills. In particular, they will engage in role playing to practice telling their feelings and being good, compassionate listeners to others through the use of "I" speaking and reflective listening.

Materials
- Big paper, chalk board, or white board to write on.
- Display the "Feelings" collage from a previous lesson.

Preparation
- Read over the story and the dramatic exercise, especially the teacher directed discussion questions.
- Prepare the cards for the dramatic exercise by using the cards at the end of the story.
- Obtain a copy of *Singing the Living Tradition,* Beacon Press, 1993 for the readings and songs.

SESSION PLAN
Opening / Chalice Lighting   **5 minutes**
Lighting a Chalice Mission Peak Unitarian Universalist Congregation, Original source unknown.
> We light this chalice to remind ourselves
> To treat all people kindly
> Because they are our brothers and sisters
> To take good care of the Earth, because it is our home
> To live lives full of goodness and love
> Because that is how we will become
> The best people we can be.

Song: Touch the Earth, Reach the Sky #301 in the *Singing the Living Tradition* hymnal

Review the **Guidelines for the Class** (listed before the workshops).

Activity: Story: Daun Gets Stuck   **15 minutes**
This story will be interactive. Make sure that each child gets an opportunity to participate.   The story is *Daun Gets Stuck* by Peggy Rahman, which follows this lesson, and which is about some children reacting to another child's fearfulness. It is shaped by words that children suggest at the beginning of the story, which are then used when telling the story. See the pages following this lesson for directions for telling the story with the children's words substituted.

Discussion about the story: **7 minutes**
After telling the story, engage in discussion with the class about the story.

> **Questions for Children:**
- How do you think Daun felt when stopping play with the others, and freezing when jumping? *[alienated, scared, lonely, angry]*
- Why did the other children like to have Daun play with them at the beginning? *[Daun was very creative and made up the best games]* Why didn't they want Daun to join them later? *[Daun slowed them down. Daun was acting "weird," and they didn't understand why]*
- Do you think it was right for the other children to call Daun bad names? What other things could they have done or said instead? *[Asked why Daun was scared. Told Daun it was OK to watch*

playing sometimes. Told their parents. Told the teacher.]
- What are some reasons for Daun feeling scared? *[was very frightened of stepping on cracks, didn't think anyone understood, just wanted to be alone]*
- How do you think Eirun felt when Eirun's best friend Daun starting behaving strangely? *[Eirun didn't understand. Maybe Eirun had done something wrong to scare Daun.]*

Activity: Feel and Speak Drama Game   **20 minutes**
In this activity, the class members will take act out various situations where different kinds of feelings are felt and expressed. In each situation, they will try and react to each other and act out their assigned feelings. The goal is to play roles so as to gain empathy to the inward feelings of others. This should be a fun, but poignant activity.

The directions and materials for this game are in the pages following this lesson.

Discussion: Challenging Inappropriate Behavior   **8 minutes**
Enter into a conversation with the class about what they have just done in the two exercises. The goal is to leave them with helpful communications skills with regard to mental illness. Some suggested questions and answers are given below. Try to get them to use reflexive listening and "I: speaking as in the behavior guidelines for the class.

   Questions for Children:
- In the story, remember that Daun sat in the playground at the end. What do you think should happen at the next Sunday School class? *[The children say that they understand why Daun was scared, and try to encourage Daun to overcome the fear. The children talked to the Sunday School teacher, and the teacher found a way to help Daun to stop being frightened. The children found another game to play that wouldn't frighten Daun.]*
- What would you say if someone teases you when you are afraid? *["I" speaking: "When you said ___, I felt _____. Try to ignore them. Remind them that they are sometimes afraid, too. Tell a teacher or parent.]*
- What would you do if you had a friend who was very scared or very sad all the time? *[Use Reflexive listening: It must feel ____ when you ____. Tell a trusted adult: parent, teacher, doctor, minister.]*
- If you heard someone making fun of someone with a mental disorder, what could you do? *[Tell them to stop. Tell a trusted adult: parent, teacher, doctor, minister]*
- If you felt very sad or very scared for a long time, what could you do? *[Tell a trusted adult: parent, teacher, doctor, minister.]*

Song   *Come, Sing a Song with Me* # 346 in the *Singing the Living Tradition* hymnal   **3 minutes**

Closing   Adapted from #414 in the *Singing the Living Tradition* by Vincent Silliman   **2 minutes**

   As we leave this friendly place,
   Love gives light to every face;
   May we listen to others' parts
   May we speak right from our hearts
   May the kindness which we learn
   Light our hearts 'til we return.

   Go in peace.

HANDOUTS for CHILDREN'S WORKSHOPS

- Guidelines for Class
- Feelings Faces Chart
- Template for Feelings Art Project
- Daun Gets Stuck
- Feel and Speak Drama Game
- Feel and Speak Drama Cards

Guidelines for Class

Respect what Other People Share
Everyone is included
Listen and pay attention to others; No interrupting
Help others who are lonely, hurting or struggling
Say kind things

Personal Sharing
Each person decides for themselves what to share

You don't know what others are thinking
Don't say things like: "Everybody knows that _____"
Do say things like: "What I think is _____"

When Talking about Feelings
To tell others how they have affected your feelings, say:
    "When you do _____, I feel _____."
To express understanding towards others, say:
    "If this happened to me, I would feel _____."

Confidentiality
We can share what we learn here with others who aren't here, but we don't name names
    We don't say things like: "Johnny said he is always depressed."
    We do way things like: "We learned about feelings, and we all talked about our own feelings."

No Teasing, Isolation or Bullying

Feelings Faces

Happy	Calm	Angry	Excited
Surprised	Hurt	Bashful	Lonely
Confused	Nervous	Sad	Proud
Scared	Frustrated	Embarrassed	Great

Template for Feelings Art Project
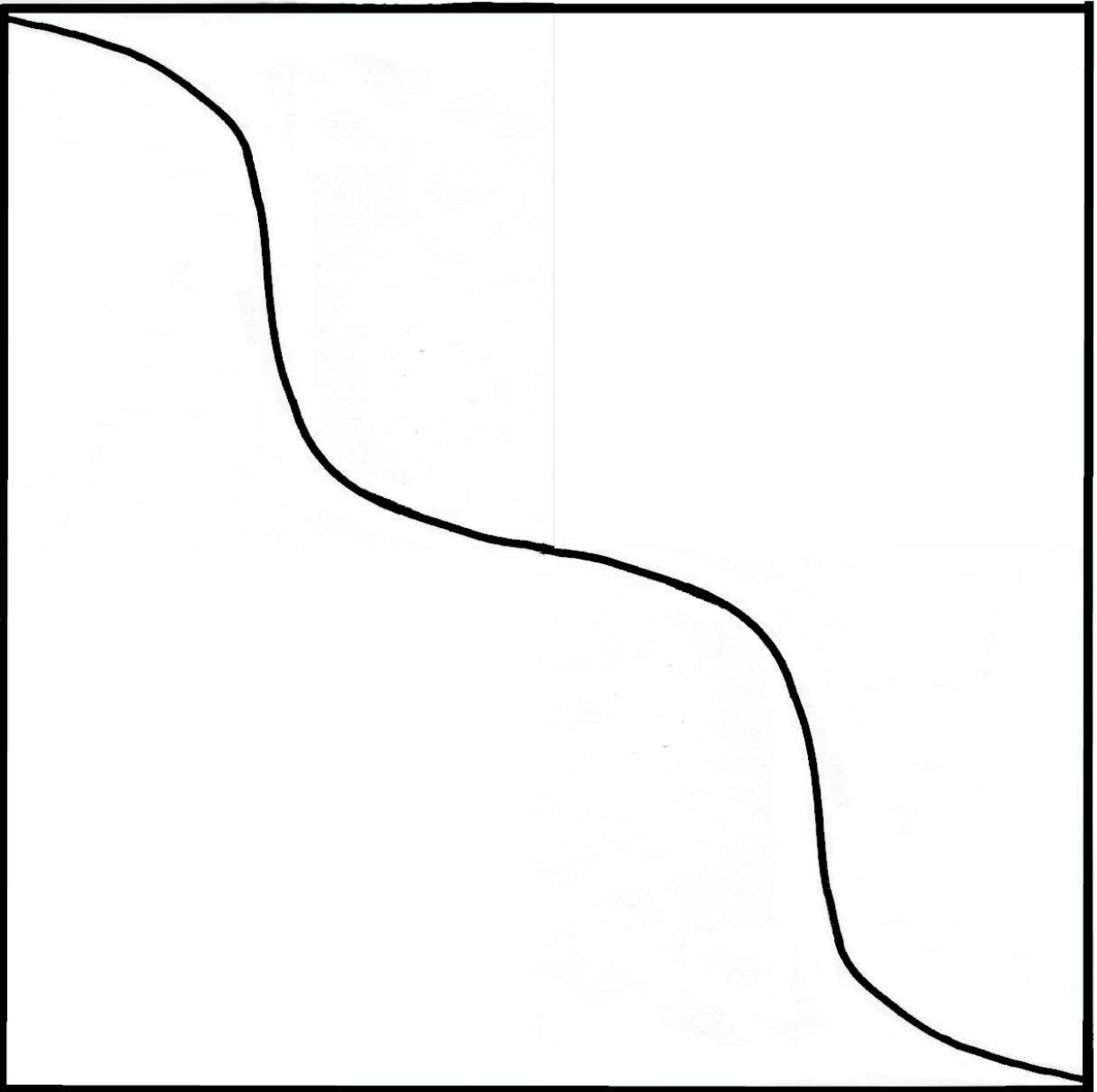
Daun Gets Stuck

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The class will help to tell the story by supplying some of the words which will be used. The following is a list of words for the class to choose before the story is told. They will be substituted when reading the story. Write these words on the large paper or black board where everyone can see them. Then ask for the class to suggest words for each blank, and write down the suggested words so they can see them.

1. _____ A favorite breakfast
2. _____ Another favorite breakfast
3. Unkind slurs you have heard people call others who are "different." (*If necessary, the teacher can suggest possible examples: stupid, mental ...*)
   a. _____
   b. _____
   c. _____
   d. _____
4. _____ A reason you would want to play on a playground with lots of cracks in the asphalt
5. _____ A reason you would want to play jump rope on smooth asphalt

When reading the story, substitute the word the children suggested in the appropriate blank.

The Story

"Daun, you take being organized to the ridiculous extreme," complained Anna Mann, Daun's mother on the morning that there weren't any matching clean socks in the house. "Can't you be a little messy, just this once?"

"No, I can't be messy," insisted Daun. "You don't understand, I just can't."

"We'll be late for the new Harry Potter movie," said Anna.

"That's OK. I'll stay home and do the laundry," said Daun.

"You're kidding," said his Dad, Albert.

"That's OK. Go ahead without me. I can manage," Daun persisted.

Every day Daun would get dressed in exactly the same way. Socks first, then underpants, then shirt, then pants, then shoes. Every morning Daun had ___1___ for breakfast. Sundays were different because on Saturday night, Daun and Eirun, who was Daun's best friend, would spend the night together. It was different when Eirun was with Daun. Daun's father would wake up early and make them chocolate pancakes and ___2___ for breakfast. Everything was different with Eirun there. One Sunday, Daun wore Eirun's socks with holes. "I love Sunday's," said Daun to Eirun, "because you are the best."

When Eirun stayed at Daun's house, Daun's family would walk with Daun and Eirun to Sunrise

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Unitarian Universalist Church. On the way there, Eirun would play the game "Step on the crack and you break your father's back. Bet you can't get all the way to school without stepping on a crack."

"I don't want to play that game any more," answered Daun. "I don't want to break my father's back."

"Don't be ____3a____ ," quipped Eirun. "It's just a game."

"I know," answered Daun. "I'm not stupid."

Daun was very careful not to step on the cracks all the rest of the way.

"You're such a slowpoke," hurried Eirun.

Daun and Eirun liked to jump rope on the church's playground while Daun's family was setting up for the service. A big oak tree divided the playground into two parts. The asphalt part was full of cracks. Some were gigantic; looking like a big earthquake had ripped the playground to pieces. Others were tiny making the asphalt look like old elephant skin.

At Sunrise UU there were codes of conduct that the children made up. One of the codes was that everyone who wanted to play in a game could. Mr. Pritha, the Religious Education director, was very careful that everyone lived up to the codes of conduct.

On most Sundays, Robin, Chris and Quan would join Daun and Eirun. They all played jump rope. Daun loved to make up new games, especially the really hard ones that required turning while jumping, jumping between two ropes, touching the ground after each jump, and even running into the ropes backwards before starting to jump.

"We are the jump rope champions of the whole world!" said Robin, proudly.

The next time that Daun and Eirun went to Sunday school, Daun stopped after each step and looked. As they walked further on, Daun began to step backwards one time for each step forward. Daun's father said, "Hurry up kids, we can't be late because we are on the setup committee."

"Go ahead. We know the way," answered Daun.

"You're going to make us late," said Eirun.

"You go ahead," said Daun.

"No. I'll wait," answered Eirun.

They barely made it on time for Sunday school with only five minutes left to play jump rope with their friends.

"What's wrong with you today?" asked Eirun.

"I don't know," said Daun. "I'm getting a scary feeling, and I don't know why."

"That's ____3b____ said Eirun. "There's nothing to be scared of."

Daun stood quietly at the edge of the asphalt, under the tree. Daun couldn't move. "You go ahead," said Daun. "I will join you in a while."

Daun sat down under the tree, head on knees.

After Sunday school started, Eirun came back out to find out what was happening with Daun. "Are you still scared?" asked Eirun.

Daun looked down and didn't answer.

"Do you want me to go get your Dad?"

"No," said Daun.

"What's wrong with Daun?" asked Robin.

"Let's go play," said Quan. "Daun will join us when ready."

On the way home, Eirun said, "We missed you. You make up the best games."

The next Sunday, Daun stayed at Eirun's house. Eirun's family drove to church. When they got there, Daun proclaimed. "I have a new game that is really hard. But we can only play on smooth asphalt."

"OK. I have a new game that is really hard," proclaimed Daun. "We can only play on the smooth asphalt."

Chris said that he wanted to play where there were lots of cracks because ____4____.

"And besides that, there is only a teeny tiny area with smooth asphalt," Quan pointed out.

"I don't care," said Daun. "I will only play on the smooth asphalt because ____5____."

Now, that's really ____3c____ ," said Robin impatiently.

"Let's give Daun's new game a chance," said Eirun. "Anyone who wants to play the smooth asphalt game, play with us."

They all played Daun's game until it was time for Sunday school. "This is no fun. I'm not playing that ____3d____ game any more. After Sunday School, Let's all play the *normal* way," said Robin, staring at Daun.

"Our friends don't like your new game rule," said Eirun. "I don't want to play it any more."

"I don't care," said Daun.

"Why not?" asked Eirun.

"Because, like I told you, when I am out there, I get a scary feeling," said Daun.

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"You really are a ___3d___," said Eirun. "I don't want to play with you until you quit being so weird."

After Sunday school, Quan, Robin, and Chris started to play jump rope in the middle of the asphalt.

"I'm sorry Daun," said Eirun. "I wasn't being a very good friend when I called you ___3d___. "Really, there is nothing to be scared of. Come on. We miss you and the cool games you make up. That is, most of the cool games you make up."

Daun took a deep breath and walked very slowly to the middle of the playground where there were lots of cracks.

"Oh no, here comes Eirun with that ___3b (as an adverb)___ Daun," Robin whispered to Quan.

But, when Daun and Eirun came closer, Robin said "Oh Daun, we are *so* glad that you have come over to play with us."

"So, you finally decided not to be such a ___3b___ !" teased Quan.

When it was Daun's turn to jump rope, Daun froze and started to cry.

"Lost your turn," said Chris. "Go to the end of the line. That's the rule."

"I don't want to play with Daun any more," complained Robin to Chris. "Daun is getting too mental and not much fun

"Play time is over," said Daun's father. "Clean up your ropes so we can go home."

But Daun didn't move. Daun stayed in the middle of the asphalt playground full of cracks and sat down.

Feel and Speak Drama Game

Tell the class that they are going to play a game where they get to act out the part of another child. The rules of the game are as follows:

- **Teachers Role Play**: The teachers pick out two cards and role play one of the situations to show the children how the game works.
- **Pass out the cards:** Each child will get a card that tells what kind of child they are going to pretend that they are. Tell the children that this will be a guessing game; it might be helpful for the teacher to act out some role, for example a hyperactive child, and ask the children to guess what kind of behavior is being displayed, so as to get them into the groove. Pass out the cards to the children in the classroom, and tell them not to show the cards to the other children. Ask if they have any questions about the part that they are going to play, and if so, privately help them to get some ideas about how to play the part.
- **Situations to be acted out**: Three children at a time will be given a situation to act out, playing the part of the child on their card. Encourage them to really get into the role pretending that they are the child on their card, acting differently than they might act themselves. Tell them that it is OK to act mean in this pretend situation if they think the type of child on their card would act that way. But, when we give permission to children to act mean in this pretend situation, it would be good to also add a statement that when someone is acting that way we should remember that they're acting that way because the rules of the game say that they HAVE to. In addition, the teacher might be encouraged to watch out for the possibility that someone is using this game as an opportunity to say things in a way that really does hurt people, or that someone has inappropriately taken the "pretend" meanness personally. Tell the children for each situation to take a few moments to think about how they are going to act out the situation pretending they are the kind of child on their card. Give each group about 5 minutes to act out their situation.

  Some suggested situations that will be acted out are listed below. You can change these situations or add more situations if you feel it would work with your class. For example, you might make it like a game of charades, with one child acting out a part and the others guessing what is being acted out. Or, even better, let the children come up with their own situations and act them out.

  1. **Vacation Time:** "Hyperactive Child," "Child who Stutters" and "Happy Child" will act together. Each child in this situation will be trying to tell the others about somewhere fun they went on their vacation.

  2. **School Project:** "Easily Hurt Child," "Very Smart Child" and "Critical Child" will act together. These children will talk about what kind of school science project they will do together for their science class.

  3. **Party:** "Very Sad Child," "Friendly Child" and "Frightened Child" will be going to a party together. They will talk about what they want to do at the party, who will be there, and how they're looking forward to it.

- **Discussion after acting out each situation**: After each group of children has had 5 minutes or so to act out a situation, the teacher will ask them to stop, and ask the rest of the class the following:
  - Can you guess what kind of child was being acted out for each person? If the others can't guess, tell the child to read the card that they have.
  - Can you tell what kind of feelings each kind of child had during the scene? *[Refer to particular things that were said that elicited "different" behavior from each child.]*
  - Do you think that any child's behavior was difficult for the others to understand? Knowing what kind of child was being acted out, do you now understand better why they acted that way? Why, or why not?
  - Can you guess how the "different" child would like to have been treated?

Feel and Speak Drama Cards

Copy this page and cut out these cards. One card is to be given to each child for the Feel and Speak Drama Game.

Hyperactive Child

This child:
- can't keep his or her mind on anything for more than a couple of minutes
- is very active, running around
- interrupts people
- likes to play soccer

Child who Stutters

This child:
- stutters over words in nearly every sentence
- is very excited about a trip the family took to Disneyland

Happy Child

This child:
- is cheerful
- always sees the bright side of things
- loves parties with ice cream and cake

Easily Hurt Child

This child:
- is quiet
- gets his or her feelings hurt easily
- is very kind to others and especially likes science class

Very Smart Child

This child:
- knows a lot & learns faster than anyone
- math and science are favorite subjects
- is impatient with slower learners

Critical Child

This child:
- criticizes and picks on other children
- doesn't like science
- likes art projects

Very Sad Child

This child:
- is always sad
- can't be happy
- always sees the bad side of things
- doesn't feel like doing anything

Friendly Child

This child:
- likes to be friends with everyone
- wants everyone to be happy
- likes to play party games

Frightened Child

This child:
- is afraid of new situations that he or she doesn't know about
- likes doing puzzles with the family

Other Program Ideas

A Film Night or Film Series

Your congregation might want to sponsor a film night or film series featuring movies which portray mental illness with refreshments and discussion after the viewing. Very few movies avoid the stereotypes of mental illness as violent, comical or hopeless. The following are movies that attempt to be accurate in their portrayal of mental illness, and give a measure of hope and thus would be good choices for such a film program.

Mood Disorders

Mr. Jones (Bipolar Disorder)
Mr. Jones suffers from bipolar disorder. When he is manic, he does risky things, like trying to fly off a high building. After such episodes, he is brought to a psychiatric ward. 114 minutes.

My Sister's Keeper (Bipolar Disorder)
Kathy Bates plays a woman coping with a severe form of bipolar disorder. We see the person, not the disorder, and her interactions with her family are realistically portrayed. 90 minutes

Pumpkin Eater (Depression)
Jo, the mother of 8 small children leaves her husband to marry a screenwriter named Jake. As Jo's happiness changes to despair when Jake is unfaithful, she realizes that only psychiatric help can help her. 110 minutes

Sophie's Choice (Depression, Bipolar Disorder, Suicide)
Nathan is a chemist and his girlfriend Sophie is a Polish refugee. Nathan and Sophie's relationship is menaced by Nathan's violent behavior, and Sophie's disturbing memories of her war experience. The film culminates in a flashback revealing the cause of Sophie's unbearable pain. 150 minutes

Anxiety Disorders

As Good As It Gets (Obsessive-Compulsive Disorder)
Melvin is a novelist with an obsessive-compulsive disorder. Carol is a waitress at the local diner where Melvin eats breakfast every morning. Carol isn't distressed by Melvin's eccentricities, and begins to bring out his deeply concealed heart. 138 minutes

Coming Home (Post Traumatic Stress Disorder)
Sally volunteers at a Veteran's hospital after her husband Bob is sent to Vietnam, and meets men struggling to recover, physically and psychologically. Luke, a paraplegic, is bitter and full of rage. Gradually, he recovers emotionally and he and Sally become lovers. Then Sally's husband returns from Vietnam. 131 minutes

David and Lisa (Anxiety and Compulsive Disorders)
David is trapped by his anxieties, and Lisa is a fragile compulsive. They meet in a mental institution and fall in love. 94 minutes

The Fear Inside (Agoraphobia)
Meredith suffers from agoraphobia and is terrified to go outside. She takes in a female border for company, but discovers her boarder and a friend are wanted for robbery and murder. To escape, she must go outside. 100 minutes.

Ordinary People (Post Traumatic Stress Disorder, Suicide)
A family has suffered the tragic loss of their eldest son in a boating accident. The younger son, Conrad who had been on the boating outing with his brother, later attempts suicide. Conrad begins therapy sessions which help him find some relief from the feelings of grief and guilt. 124 minutes

The Horse Whisperer (Post Traumatic Stress Disorder)
During a tragic horse ride, young Grace loses a leg and her horse Pilgrim becomes wild and unridable. Booker, a man who tames horses, is asked by Grace's mother to try and rehabilitate the horse. Booker is successful and, Grace

challenges her fear of riding and begins recovering emotionally. 170 minutes

Psychotic Disorders
A Beautiful Mind (Schizophrenia)
This is a movie based on the life of mathematician John Forbes Nash Jr. who overcame years of suffering with schizophrenia to win the Nobel Prize. 136 minutes

Benny and Joon (Schizophrenia and personality disorder)
Benny needs someone to look after his mentally ill sister Joon. Sam is looking for a place to stay, and ends up moving in with Benny and Joon, becoming Joon's caretaker. Joon and Sam fall for each other and Benny has a hard time dealing with this situation. 99 minutes

The Fisher King (Schizophrenia, Post Traumatic Stress Disorder, Depression)
Jack, a disk jockey spends his time on the radio insulting his listeners, but when one caller takes Jack's advice literally and shoots up a New York City restaurant, Jack becomes suicidally depressed. He is rescued by Perry, a homeless psychotic man, who believes he's on a quest for the Holy Grail. 137 minutes

Hope on the Streets (Schizophrenia, bipolar disorder, substance abuse)
This film presents five stories of real homeless people and their families. The people have various diagnoses – paranoid schizophrenia, bipolar disorder and substance abuse. They show the devastation that mental illness and homelessness can bring to the affected person and their family. 58 minutes

I Never Promised You a Rose Garden (Schizophrenia)
This film tells about the struggle of Deborah, a schizophrenic teenager, to cope with her mental illness that causes her to have visual hallucinations. She attempts suicide to escape. After a stay in a mental hospital, and with the help of a caring psychiatrist, Deborah is eventually able to control her condition. 96 minutes

Out of the Shadow (Schizophrenia)
A woman's struggle with paranoid schizophrenia is documented over a five-year period by her documentary-making daughter. In flashbacks, the film discusses the story of the family's ordeal over several decades. (60 minutes)

Shine (Schizophrenia or Schizoaffective Disorder)
This is the true story of David Helfgott, a child piano prodigy who had a nervous breakdown and a number of hospitalizations in mental institutions. His story documents the struggle to heal following a painful failure, and the smothering love and overzealous plans of a misguided parent. 105 minutes

Eating Disorders
The Best Little Girl in the World (Anorexia Nervosa)
This is a television movie about a teenage girl from a solid middle class background who slowly starves herself to death. 96 minutes

Kate's Secret (Bulimia Nervosa)
This television movie tells the story of Kate, a housewife and mother who is secretly bulimic. Once discovered and confronted by her doctor, she has many battles trying to overcome her problem in a clinic for anorexia and bulimic women, but finally gets on the road to recovery. 100 minutes

The Famine Within (Eating Disorders)
This is a documentary by Katherine Gilday that documents the contemporary obsession with an unrealistic body size and shape among North American women and the eating disorders it engenders. 90 minutes

Substance Related Disorders
Days of Wine and Roses (Alcoholism)
Clay, a public relations man who likes to drink, marries Kirsten who doesn't drink, and after a few months, Kirsten is able to put away as much liquor as her husband. As the years pass, Joe loses one job after another and his wife neglects their child until he begins to realize that both of them are alcoholics. A former alcoholic persuades Joe to get help for his problem. 138 minutes

Lady Sings the Blues (Drug Addiction)
This film captures the essence of Billie Holliday in this semi-biographical sketch of the tragic life of the famous blues

singer and drug addict. 144 minutes

Leaving Las Vegas (Alcoholism)
Ben is a Hollywood screenwriter who has been fired for alcoholism. He takes his severance pay to Las Vegas, intending to drink himself to death. There he meets Sera, a prostitute, and a symbiotic relationship between them develops. 115 minutes

Pollock (Alcoholism)
This is the true story of the last 15 years of the life of Jackson Pollock, who was a leader of abstract expressionist painting whose work had major influence on the modern art movement, and who was an alcoholic. 122 minutes

Traffic (Drug Addiction)
This film tells three intersecting stories, illustrating the complexities of the drug problem. First, a Mexican police officer, Javier learns that his superior officer is corrupt. Second, a conservative judge takes a position as the new US drug czar, not realizing that his teenage daughter is becoming a drug addict. Third, federal agents are guarding a drug smuggler who is about to testify against a wealthy drug lord. 147 minutes

Disorders first Diagnosed in Infancy, Childhood or Adolescence
Forrest Gump (Mental Retardation)
This film shows scenes of American social history from the early 1960s through 2000. Vietnam, desegregation, Watergate and more are presented from the perspective of lovably slow-witted Forrest Gump as he finds himself entangled in situations he can't understand. 157 minutes

Rainman (Autism)
Charlie receives word that his father has died and he finds that the three-million-dollar estate has been left to the caretakers of his autistic older brother, Raymond, who he didn't previously know of. Charlie learns how to deal with Raymond's many idiosyncrasies, but he also actually begins to care about his brother. 138 minutes

What's Eating Gilbert Grape (Mental Retardation, Suicide)
Gilbert is the eldest brother in a large family, whose morbidly obese mother who hasn't left the house since her husband committed suicide years before. Arnie is Gilbert's retarded teenage brother who needs constant supervision. Gilbert feels like he is living a stressful, dead-end life, stocking shelves at a grocery store. Gilbert's future seems grim until Becky and her grandmother arrive in town. 118 minutes

The Quiet Room (Selective Mutism)
A seven-year-old girl becomes mute in protest as her parents become more and more hostile to each other. 98 minutes

Dementia
Iris (Alzheimer's dementia)
This movie tells the true tale of the onset and progression of Alzheimer's dementia in author Dame Iris Murdoch, and how her devoted husband struggles to take care of her until he is forced to take her to a nursing facility. 90 minutes

The Madness of King George (Dementia caused by the blood disorder porphyria)
The Madness of King George tells the true story of the mental illness of King George III of England. 110 minutes

Personality Disorders
American Gigolo (Narcissistic Personality Disorder)
Julian, a slick L.A. hustler, services an upscale clientele in the Hollywood area. He becomes involved with a senator's wife and their relationship extends beyond Julian's normal encounters. This is a look at moral decay and redemption. 117 minutes

Girl, Interrupted (Borderline Personality Disorder)
This movie tells the story of Susanna, who is diagnosed as having borderline personality disorder. She occasionally hallucinates, and, after attempting suicide, she checks into Claymoore, a suburban Boston mental hospital for a stay that turns out to be nearly two years. At first, she is angry and antisocial. Eventually, she begins writing and tries to become well enough to leave. 127 minutes

Silence of the Lambs (Anti-Social Personality Disorder)
FBI trainee Clarice is sent to interview serial killer Hannibal Lechter at his cell in a mental hospital. Intrigued by

Clarice, Lechter demands information about her personal life, and the two form a strange connection. 120 minutes

Streetcar Named Desire (Histrionic Personality Disorder)
This is the story of a fragile overly-dramatic former prostitute who visits her sister only to be taunted mercilessly by her brother-in-law. 131 minutes

Toto the Hero (Paranoid Personality Disorder)
Thomas is certain he lost a childhood to a wealthy neighborhood playmate Alfred, because he believes their infant name tags were switched in the hospital. As an old man, he has nothing but a lifetime of bitter memories until a chance happening. 94 minutes

Dissociative Disorders
Sybil (Dissociative Identity Disorder)
Based on a true story, Dr. Cornelia Wilbur, a psychiatrist, helps Sybil, a woman with Dissociative Identity Disorder (formerly called Multiple Personality Disorder), heal her incredible interior wounds. Sybil is slowly able to heal her inner self with the support, guidance, and love of Dr. Wilbur. 122 minutes

Mental Disorders in the Criminal Justice System
Brother's Keeper (Mental Retardation)
This 1992 documentary chronicles the story of a retarded man from Munnsville, New York, Delbert Ward, who confessed to killing his brother, but then retracted his confession and maintained his innocence. The people of his community rallied behind him. 105 minutes

The Execution of Wanda Jean (Mental Retardation)
A documentary filmed in 2002 depicts the story of Wanda Jean Allen, an African-American lesbian whose low IQ indicated borderline retardation. By the age of 29, Wanda Jean had killed twice - and would become one of the most controversial death-row inmates in recent history. 87 minutes

Titicut Follies (Many judged to be criminally insane)
This classic 1967 documentary gives a bleak, graphic portrayal of the conditions at the State Prison for the Criminally Insane at Bridgewater, Mass., showing treatment of the inmates by the guards, social workers and psychiatrists. After its release, attempts to suppress the film resulted in a very limited audience. 84 minutes.

The Young Poisoner's Handbook (Conduct Disorder)
This is the true story of poisoner Graham Young, whose fascination with toxic substances led him to do experiments in which he poisoned his stepmother, sister and others. After Graham was arrested for his deeds, a doctor attempted to rehabilitate the young man so he could once again enter society. 93 minutes

Here are some general questions which might be used to stimulate discussion on any of these movies:
- In what ways did the portrayal of the characters in the film seem representative or unrepresentative of the experience of people with mental disorders or their families as you understand them? Were any stereotypes enforced or debunked?
- Did you gain any insights from this film that will help you understand people with mental disorders and their families? What was helpful? Unhelpful?
- Was anything in this film disturbing to you?
- Does this film help the cause of better understanding of mental health issues? If so, why? If not, why not?

An Outside Speaker or Panel

Contact a local psychiatrist or therapist organization, a local chapter of NAMI, members of the local mental health board, and/or mental health client advocates and ask them to speak at a forum, service, or other program sponsored by your congregation. They can address a variety of themes such as: mental health care needs in your community, mental health client resources, the latest medications, or programs for family members.

A Worship Service or series of Worship Services

Work with your minister and lay worship team to plan a worship service centered on the experience of mental illness, either as family members or as mental health clients or both. People could share what they have learned in the Caring Congregation Program, as well as their own personal experiences with mental health issues. It is important to include ways in which the congregation can support mental health issues. Some of the information in the workshops might become part of a sermon or homily to be presented. See the suggested order of service in the training materials for a sample worship service on mental health.

Sample Worship Service on Mental Health

Note: This service is designed as a kick-off to offering the Caring Congregation Curriculum

"I have myself an inner weight of woe that God himself can scarcely bear."
from "Elegy" by Theodore Roethke

Call to Worship # 429 *Come into this place of peace* by William F. Schulz
Chalice Lighting
Opening Hymn #18 *What Wondrous Love*
A Time for Children of all Ages: *Alexander and the Terrible, Horrible, No Good, Very Bad Day* by Judith Viorst
The Children depart
Readings:
       I Samuel 16, verses 14 to 23
       "The Journey" by Mary Oliver
       #666 "The Legacy of Caring" by Thandeka, read responsively
Prayer and silence Prayer by Paul Fleischman
Joys and Concerns
Hymn #127 *Can I See Another's Woe?*
Sermon   *Living with Mental Illness*
Witness Stand as you are comfortable if you or someone you love is living with mental illness.
Offertory
The Caring Congregation at our Church
Closing Hymn #151 *I Wish I knew how it would Feel to be Free*
Benediction #698 Take Courage Friends by Wayne Arnason

<p style="text-align:center;">**A Time for Children of all Ages:**</p>

Alexander and the Terrible, Horrible, No Good, Very Bad Day by Judith Viorst
After you read the story, you can engage the children in a dialog on how to be with people who are having very bad days, or what they can do if they are having a very bad day.

<p style="text-align:center;">**Readings**</p>

1 Samuel 16:14-23
This reading shows an occurrence of mental torment in Saul, the first Israelite king, to illustrate that mental illness has been around for all of recorded civilization.

[14] Now the spirit of the LORD departed from Saul, and an evil spirit from the LORD tormented him. [15] And Saul's servants said to him, "See now, an evil spirit from God is tormenting you. [16] Let our lord now command the servants who attend you to look for someone who is skillful in playing the lyre; and when the evil spirit from God is upon you, he will play it, and you will feel better." [17] So Saul said to his servants, "Provide for me someone who can play well, and bring him to me." [18] One of the young men answered, "I have seen a son of Jesse the Bethlehemite who is skillful in playing, a man of valor, a warrior, prudent in speech, and a man of good presence; and the LORD is with him." [19] So Saul sent messengers to Jesse, and said, "Send me your son David who is with the sheep." [20] Jesse took a donkey loaded with bread, a skin of wine, and a kid, and sent them by his son David to Saul. [21] And David came to Saul, and entered his service. Saul loved him greatly, and he became his armor-bearer. [22] Saul sent to Jesse, saying, "Let David remain in my service, for he has found favor in my sight." [23] And whenever the evil spirit from God came upon Saul, David took the lyre and played it with his hand, and Saul would be relieved and feel better, and the evil spirit would depart from him.

<p style="text-align:center;">**The Journey** by Mary Oliver</p>

One day you finally knew what you had to do, and began,
Though the voices around you kept shouting their bad advice —
Though the whole house began to tremble
And you felt the old tug at your ankles.
"Mend my life!" each voice cried.

But you didn't stop.
You knew what you had to do,
Though the wind pried with its stiff fingers at the very foundations —
Though their melancholy was terrible.

It was already late enough, and a wild night,
And the road full of fallen branches and stones.
But little by little, as you left their voices behind,
The stars began to burn through the sheets of clouds,
And there was a new voice, which you slowly recognized as your own,
That kept you company as you strode deeper and deeper into the world,
Determined to do the only thing you could do —
Determined to save the only life you could save.

Prayer

"At the conclusion of life, I would hope to say:
I was seen and known, heart and soul, and in the same way knew those who circled me;
I bowed to the one who opens in a dawn, and I lived in harmony with the order, the principles, and the laws of the day;
I knew myself, saw myself, and held in one embrace human faults, limits and successes;
I did my job, working in the common cause;
And I stirred up dust with my feet, tramping along in the undivided march of human history;
I laid down my burden and surrendered myself to the voice of the river, and I became a vessel, and out of me poured the fountain of life;
And when I looked up I saw one hand spinning the divine wheel of the world;
And I looked down, and knelt, lending my hand; and I continued on my way, shouldering my own pain as I followed the signs;
And now that I feel the chill of death upon me, I can sing of how I was sent forth, and who calls me home."

May we hope for this vision for ourselves, our loved ones and fellow travelers on this Earth. Amen.

by Paul Fleischman in *The Healing Spirit – Explorations in Religion and Psychotherapy*, Cleveland: Bonne Chance Press, 1994.[7]

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[7] Fleischman, Paul R. *The Healing Spirit – Explorations in Religion and Psychotherapy,* Bonne Chance Press, Cleveland, 1994, p. 261.

Outline of a Sermon on Living with Mental Illness

1. Introduction
   - Why talk about mental health in church?
     - Because mental illness robs you of your spirit and a religious community can help you reconnect.
     - Recent research shows a positive correlation between religiosity and good mental health.
   - If this is a kick-off to the Caring Congregation workshops, explain this.
2. Dorothea Dix's story (from the following essay *Unitarians, Universalists and the Mentally Ill*)
3. Sharing a personal story of mental illness
   - This is very important and powerful because it connects people emotionally to you and your goals. A guest from NAMI or elsewhere can be invited if necessary.
4. The Caring Congregation
   - Explain what the Caring Congregation Curriculum is. Later you will talk about how it will be implemented in your church

The Caring Congregation at our Church

Describe how the curriculum will be implemented in your congregation, with details about what days and times, how people can sign up, and where they can get more information. If this service is not to be the kick-off of the curriculum, omit this part of the service.

Witness

This is a *very* important element of the service, one where the people connect openly with the problem of mental health and how it has impacted the lives of so many people.
- Ask people to stand if they or a loved one is living with mental illness. Typically, 75%-100% of the congregation will stand. Most of them will be surprised that so many stood up.
- After they stand, acknowledge their courage with this verse from John 8:32: "You will know the truth, and the truth will make you free."

Unitarians, Universalists and Mental Health Care [8]

Charming, determined and self-effacing, the Unitarian Dorothea Lynde Dix was the foremost crusader for mentally ill people in the United States in the mid-1800s. In an era when women didn't have the right to vote, she managed by sheer force of will, hard work, and astuteness to convince legislatures in many states to appropriate public funds to build over 30 hospitals for the care of the seriously mentally ill. She was deeply religious, having been raised by her grandmother to be a Unitarian, later worshiping in the church of the Rev. William Ellery Channing, the founder of American Unitarianism, beginning in 1823. The sense of religious purpose in her life is what drove her to her acts of public service.

When the early and mid-1800's saw the beginning of compassionate methods of caring for mentally ill people, Universalists and Unitarians from both the medical and social reform communities were prominent in developing and promoting them. A deeply felt religious sensibility, especially the belief in the inherent worth of each human soul, and the conviction that they had a responsibility to improve life in this world, is what motivated this work. These tenets have been and remain at the core of Universalist and Unitarian belief systems.

A film recently produced for an anti-stigma campaign by the Royal College of psychiatrists in Britain begins by stating, "You can judge a civilization by how it treats its mentally ill." It is instructive to keep these words in mind when listening to the history related here.

It is fair to say that mental disease has always existed among humankind. From the earliest of times, there have been associations, both heavenly and demonic, with mental illness. In colonial times the seriously mentally ill were cared for chiefly at home by their families. The insane who could not be cared for by their families were sent to local almshouses and jails, institutions that didn't have the facilities or ability to care for them. Often, they were kept in the most deplorable conditions, as Dorothea Dix discovered when she made surveys of the States. As Dix found, in many instances the mad were kept chained in an enclosed space, lying in their own filth, without adequate clothing, and abused physically and sexually. It was thought by many that the insane couldn't feel cold because their minds were deranged, and thus they were kept without heat, even in the winter.

The earliest hospitals serving the insane came in the larger cities of Philadelphia and Williamsburg. Asylums in North America were built starting in the early- to mid- 1800's following a model of care developed in Paris and York, England. The founders of these institutions proposed that mentally ill people be treated with kindness, removing the chains that restrained them. Their success with this "moral treatment" was encouraging and widely known.

After an initial building period, many of the asylums became under-funded and over-crowded, and the goals for humanitarian care were compromised. "Large numbers of chronic and aged patients led to a fundamental transformation in the character of mental hospitals. … Slowly the positive images of hospitals that had prevailed in the mid-nineteenth century gave way to far more negative ones associated with hopelessness, abuse and untimely death. By World War II mental hospitals were identified as 'snake pits'…" In the mid-1900's the consensus was that mentally ill people could better be cared for in local communities, and a deinstitutionalization of these people began. However, support necessary for their care in the local communities was largely not forthcoming. Many of these people ended up on the streets or in jails. It seems that in some ways, we have now some of the same conditions that Dorothea Dix found when she began her crusade. It is widely acknowledged, including by the Surgeon General of the United States in 1999, that there is currently a crisis in mental health care in the United States; for many, levels of care that they have come to need and depend on are no longer available, and the situation is not improving.

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[8] This essay can be used as a sermon or a lecture on the subject of mental illness. See also the Sample order of service in the appendix.

With this introduction, we will now introduce three of the most prominent figures in mental health care in the 1800's. They also happen to be Unitarians and Universalists.

Dr. Benjamin Rush, the first leader in the treatment of mental illness in the United States, was a prominent physician, a signer of the Declaration of Independence, and Member of the State convention that ratified the constitution in 1787. Rush was raised as a Presbyterian and attended a number of churches throughout his lifetime. Although never signing the membership book of a Universalist church, he clearly held Universalist beliefs, often attending a Universalist church in Philadelphia, and the Universalists claim him as one of their own.

When he began his career at Pennsylvania Hospital there were several locked cells for the insane, then often called "lunatics", "aliens", or "distracted persons", which greatly interested Rush. He soon became an advocate for humane treatment of these people, protesting the inhumane conditions in which they were being kept: "Putting mad people in cells is dishonorable to science and humanity of Philadelphia," he wrote. Since he was a distinguished physician, he was able to publish articles in the newspapers and with the Legislature, and people listened. His advocacy procured a state appropriation to open an insane ward at Pennsylvania Hospital which was completed in 1796. This was the first time that the insane had heat in the rooms that they occupied.

With the patients in this ward, he began to develop his innovative treatments for the insane. He became one of the first people to suggest that mental illness is subject to physical influences and may be cured with scientific treatment. A great number of the therapies he developed were far in advance of their time. These included diet, rest, exercise, occupational therapy, productive work, travel, diversion, music, and even a primitive version of "talk therapy". Above all, he advocated that the mad be treated with dignity, truthfulness, sincerity, respect and sympathy. He is now regarded as the "Father of American Psychiatry", and his portrait appears on the seal of the American Psychiatric Association.

Rush's religious views were deeply held and strongly influenced his actions throughout his life. He believed the mind was the receptacle of the presence of Deity in mankind, and that in the mind, human beings had a "sense of Deity", a religious sense. His compassionate work with the insane was a living out of his religious belief that in curing the mind, he was allowing a person to exercise this sense and thus access the presence of the Deity.

Dorothea Dix
Dorothea Dix's career as a reformer began in 1841 when she was asked to take over a Sunday school class at the Middlesex County House of Correction in East Cambridge. After teaching her lesson to the women prisoners, she noticed that there were some insane prisoners who were being kept at the jail. Her instant compassion for these insane prisoners was the beginning of her life's calling. Soon thereafter, she was able to visit the Worcester State Lunatic Hospital, and saw the kind of humane care that was being given there. In 1843, she was appointed to make a survey of the almshouses and jails in Massachusetts to chronicle the conditions in which the insane were being kept. Her report *Memorial: To the Legislature of Massachusetts* gave many shocking details of how the insane were being treated. Her observations were specific, shocking and overwhelming. Here are some examples: "*Medford*. One idiotic subject chained, and one in a close stall for 17 years" "*Granville*. One often closely confined; now losing the use of his limbs from want of exercise." "*Shelburne*. I saw a human being, partially extended, cast upon his back amidst a mass of filth. The mistress says 'He's cleaned out now and then; but what's the use for such a creature?'" "*Barnstable:* Four females in pens and stalls; two chained certain, I think all." "*Bolton*: … 'Oh I want some clothes', said the lunatic 'I'm so cold.' … One is continually amazed at the tenacity of life in these persons. ... Picture their condition! Place yourselves in that dreary cage, remote from the inhabited dwelling, alone by day and by night, without fire, without clothes, without object or employment… No act or voice of kindness makes sunshine in the heart," she wrote. Clearly, she had heart-felt compassion for the unfortunate insane people and was deeply shocked and angered at what she found.

Her *Memorial* documenting these conditions was presented to the Massachusetts State Legislature and was immediately reprinted in pamphlet form so it could be distributed to the public. It created a public uproar. Several communities denounced her report as not being accurate, and consisting of her fantasies. Other supporters rushed to her rescue with counter attacks. Interestingly, "her sterling character as a witness", and her position as a woman and thus "ineligible for political advantage" worked in her favor. The Massachusetts Legislature reacted by passing an appropriation to increase the capacity of Worcester hospital by 150 beds. She would later point to this as her first achievement on behalf of the insane.

It can be said that in this first campaign, Dix learned the techniques that she would use successfully in many other situations. She would do detailed research and homework as to the conditions in a location. She would then present these findings to the appropriate legislative body, cultivating the sponsorship of influential people and sympathetic law makers, and she would publish the results of her work in *Memorials*. Among the *Memorials* she prepared were those to New York in 1844, New Jersey in 1845, Pennsylvania in 1845, Kentucky in 1846, Tennessee in 1847, North Carolina in 1848, Mississippi in 1850, and Maryland in 1852. During her career, she visited every state east of Colorado to persuade legislatures to take measures for the relief of the insane. In time, 30 hospitals were built directly attributable to her efforts as a reformer.

Dr. Joseph Workman
Dr. Joseph Workman, known as the "Father of Canadian Psychiatry," was an immigrant to Canada from Ireland in 1829. He was one of the first doctors to be educated in Canada, graduating from the fledgling McGill University in 1835. His was a pioneering and public minded spirit, being on the ground floor of expanding a school system, building a Unitarian church, and creating an asylum in the new city of Toronto. Throughout his life, he had a fierce tenacity of purpose, a sense of justice and the ability to learn from his mistakes.

In 1853 he was appointed the interim Superintendent of the Provincial Lunatic Asylum in Toronto, becoming the permanent Superintendent a year later. It was a post he held until 1875. The asylum had been created in 1841 in an old jail described as "unfit for felons" [!] It was initially filled with seventeen patients who previously had been chained to the wall in the basement. In 1850 a new Asylum was built on 150 acres of land outside the center of the city.

Under Workman's tenure, the Asylum became a modern institution and made him famous for his methods of dealing with the insane. His innovative treatment included allowing patients freedom, promoted healthy living conditions for asylum inmates, and occupational therapy in the gardens, farm or with textiles.

Since the time of Rush, Dix and Workman there have been other Unitarians and Universalists who have worked on behalf of mentally ill people, although not as prominently as these three. A number of ministers and theologians have made this a central issue for their ministries and authored resolutions to be considered by the Unitarian Universalist General Assembly.

Resources

Books and Documents

Information about Mental Disorders and their Treatment

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Mental Health Organizations on the World Wide Web

General Mental Health Information	

· **Internet Mental Health** www.mentalhealth.com	A free encyclopedia of mental health information created by a Canadian psychiatrist, Dr. Phillip Long.
· **Mental Health Matters** www.mental-health-matters.com	Mental health self help and psychology information and resources.
· **Mental Health Sanctuary** www.mhsanctuary.com	Information on mental disorders, suicide intervention, books, articles, and medication.
Medical Information	

· **Drug Information**
    www.drugs.com
    health.yahoo.com/drug
	On line information on drugs

· **Health Library - Stanford** .healthlibrary.stanford.edu	Stanford's on line health library
· **Worst Pills** www.worstpills.org	Drug information from Public Citizen's Health Research Group
Self-Help Groups and Therapies	
· **Al-Anon / Alateen** www.al-anon.alateen.org	For families and teen-age children of alcoholics
· **Alcoholics Anonymous** www.alcoholics-anonymous.org	For alcohol addicts
· **Cocaine Anonymous** www.ca.org	For cocaine addicts
· **Emotions Anonymous** www.emotionsanonymous.org	For people with emotional problems
· **Mental Health Recovery** www.mentalhealthrecovery.com	Website of Mary Ellen Copeland, developer of WRAP, the Wellness Recovery Action Program™.
· **Narcotics Anonymous** www.na.org	For narcotics addicts
· **Recovery, Inc.** www.recovery-inc.com	Recovery from mental health problems founded by the neuropsychiatrist Abraham A. Low, M.D.
Websites for Specific Disorders and Causes	
· **Alzheimer's Association** www.alz.org	The first and largest organization dedicated to finding prevention methods, treatments and an eventual cure for Alzheimer's.
· **Anorexia Nervosa and Related Eating Disorders** www.anred.com	Information, self-help tips, recovery and prevention of anorexia nervosa, bulimia nervosa, binging and other eating disorders.
· **Anxiety Disorders Association of America** www.adaa.org	Promotes the prevention, treatment and cure of anxiety disorders and to improve the lives of all people who suffer from them.
· **Autism Society of America** www.autism-society.org	Promotes opportunity for all autistic individuals to be fully participating members of their community through education, advocacy at state and federal levels, active public awareness and the promotion of research.
· **Borderline Personality Disorder Resources** www.bpdresources.com	Geared for friends/family/loved ones of those with Borderline Personality Disorder
· **Borderline Personality Disorder Sanctuary** www.mhsanctuary.com/borderline	Education, communities, support, books, and resources for borderline personality disorder.
· **Children and Adults with Attention Deficit Disorders** www.chadd.org	Non-profit serving individuals with AD/HD through leadership, advocacy, research, education and support.
· **Depressive and Bipolar Support Alliance** www.dbsalliance.org	Organization with many self-help group chapters to improve the lives of people with mood disorders.
· **The Hording of Animals Research Coalition** www.tufts.edu/vet/cfa/hoarding/index.htm	A collection of resources to help better understand the phenomenon of animal hoarding
· **International Association for Suicide Prevention** www.med.uio.no/iasp	Dedicated to preventing suicidal behavior, to alleviate its effects, and to provide a forum for academicians, mental health professionals, crisis workers, volunteers and suicide

	survivors.
· **Learning Disabilities Association of America** www.ldanatl.org	Education, advocacy, encourage research into learning disorders.
· **National Alliance for Research on Schizophrenia and Depression** www. narsad.org	Raises funds and gives grants for psychiatric brain disorder research, in an effort to find the causes, better treatments, and eventual cures for these disorders.
· **Oassis** www.oassis.org	Organization for Attempters and Survivors of Suicide works to prevent suicide, increase suicide awareness and remove the stigma on attempters and survivors.
· **Obsessive Compulsive Foundation** www.ocfoundation.org This website includes: · **Compulsive Hoarding** www.ocfoundation.org/1005/index.html	Information and resources, for people with obsessive compulsive disorder, their families, friends, professionals and other concerned individuals.
· **TARA** www.tara4bpd.org	Treatment and Research Advancements Association for Personality Disorders, including Borderline Personality Disorder. Supports research, education, and advocacy for personality disorders.
Advocacy Organizations	
· **Mad Nation** www.madnation.org	Mental health client advocacy group with many non-mainstream mental health links.
· **Mental Help Net** www.mentalhealth.net	Promotes mental health and wellness education and advocacy.
· **NAMI** www.nami.org	NAMI is a self-help, support and advocacy organization of mental health clients, families, and friends of people with severe mental illnesses. Local affiliates and state organizations identify and work on issues most important to their community.
· **NAMI Alameda County** www.nami-alamedacounty.org	Alameda County, California chapter of NAMI provides group support, education, and advocacy for people with mental illness and their families.
· **NAMI Santa Clara County** www.namisantaclara.org	Santa Clara County, California chapter of NAMI offers experience, support, comfort, and education for people with mental illness and their families.
· **NAMI Family-to-Family Education Program** www.nami.org/family	A 12-week course for family caregivers of individuals with severe brain disorders.
· **NAMI Peer-to-Peer Education Program** www.nami.org/about/peer.html	A program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.
· **National Mental Health Association** www.nmha.org	NMHA works to improve the mental health of people with mental disorders, through advocacy, education, research and service.
· **National Empowerment Center** www.power2u.org	Website has practical information that will help you recover if you have been labeled with a mental illness
· **National Mental Health Consumers' Self Help** Clearing House www.mhselfhelp.org	The nation's first national consumer technical assistance center has played a major role in the development of the consumer movement, which strives for dignity, respect, and opportunity for those with mental illnesses.
· **MindFreedom Support Coalition International** www.mindfreedom.org	Goal is to win campaigns for human rights of people diagnosed with psychiatric disabilities. Sign up for email alerts.
· **World Network of Users & Survivors of Psychiatry** www.wnusp.org	An organization of users and survivors of psychiatry which advocates for human rights, promotes the user/survivor movement around the globe, and links user/survivor organizations and individuals throughout the world.
Religious Resources	
· **Congregational Resource Guide, NAMI Illinois** www.congregationalresources.org/mentalhealth.asp	An annotated collection of mental health ministry resources
· **FaithNet NAMI California**	Facilitates the development within the faith community of

www.faithnetnami.org	a supportive environment for those with mental illness and their families; educates clergy; encourages faith community advocacy to bring about hope and help for all affected by mental illness.
· **Mental Health Ministries** www.mentalhealthministries.net	Interfaith outreach to enable faith communities to provide compassionate care to those affected by mental illness.
· **Pathways to Promise** www.pathways2promise.org	Clergy Information: Interfaith technical assistance and resource center which offers liturgical and educational materials, program models, and networking information to promote a caring ministry with people with mental illness and their families.
· **VICOMIM** www.vaumc.org/gm/micom.htm	Virginia Interfaith Committee on Mental Illness Ministries. Educates clergy and laity toward an awareness and sensitivity within the faith communities about mental illness.
Denominational Mental Health Websites: · **Anabaptist**: www.adnetonline.org · **Episcopal**: www.eminnews.org · **Evangelical Lutheran**: www.elca.org/disability/candlelighting · **Presbyterian**: www.pcusa.org/health/usa/resources/mental-illness.htm · **Unitarian Universalist**: www.uua.org/programs/idbm/accessibilities/disability8.htm www.uua.org/YRUU/resources/online/teensuicide.htm · **United Church of Christ**: www.min-ucc.org	Many religious denominations have information on line describing what they do in support of mental health issues.

Government Websites

· **California Care Network** www.calcarenet.ca.gov/default.asp	Find California state-licensed health, social services, mental health, alcohol and other drug, disability and elder care services and facilities.
· **National Institute on Aging: Alzheimer's Education & Referral** www.alzheimers.org	Compiles, archives, and disseminates information concerning Alzheimer's disease for health professionals, people with AD and their families, and the public. In the Department of Health and Human Services.
· **National Mental Health Information Center** www.mentalhealth.org	Substance Abuse and Mental Health Services Administration in US Department of Health and Human Services
· **National Institute on Alcohol Abuse and Alcoholism** www.niaaa.nih.gov	US government leadership in the effort to reduce alcohol-related problems.
· National Institute on Drug Abuse www.nida.nih.gov	Mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction.
· **National Institute of Mental Health** www.nimh.nih.gov	The lead US governmental agency for research on mental and behavioral disorders.
· **U.S. Department of Veterans Affairs - Mental Health** www.mentalhealth.med.va.gov	VA's goal is to provide excellence in patient care and benefits for veterans of the US armed services. This site has VA Mental Health Consumer Council Newsletters.

Professional Organizations

· **American Association of Pastoral Counselors** www.aapc.org	Pastoral Counseling is a unique form of psychotherapy which uses spiritual resources as well as psychological understanding for healing and growth.
· **American Psychiatric Association** www.psych.org	A medical specialty society for psychiatrists. Members work together to ensure humane care and effective treatment for all persons with mental disorders.
· **Bazelon Center for Mental Health Law** www.bazelon.org	A national legal advocate for people with mental disabilities.

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